



231010013

Keep this form for your records. Do not send this form to the State of Maryland unless specifically requested to do so. See Instructions.

Print Using Blue or Black Ink Only.

SWATI First Name MI SONAM Last Name 115114734 SSN/Taxpayer Identification Number
Spouse's First Name MI Spouse's Last Name SSN/Taxpayer Identification Number

DO NOT MAIL

Part I Tax Return Information (whole dollars only)

1. Amount of overpayment to be applied to 2024 estimated tax 1. 00
2. Amount of overpayment to be refunded to you REFUND 2. 308 00
3. Total amount due (Pay in full by April 15, 2024. See instructions.) 3. 00

Part II Taxpayer Declaration and Signature Authorization

Under penalties of perjury, I declare that I have compared the information contained on my electronic return with the information that I provided to my Electronic Return Originator (ERO) or entered on-line and that the name(s) and amounts described above agree with the amounts shown on the corresponding lines of my 2023 Maryland electronic income tax return.

Your PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter or generate my PIN 1 4 7 3 4 as my signature on my tax year 2023 electronically filed income tax return. ERO firm name

Enter five digits. Do not enter all zeros.

[ ] I will enter my PIN as my signature on my tax year 2023 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Your signature Date

Spouse's PIN: check one box only

[ ] I authorize to enter or generate my PIN as my signature on my tax year 2023 electronically filed income tax return. ERO firm name

Enter five digits. Do not enter all zeros.

[ ] I will enter my PIN as my signature on my tax year 2022 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Spouse's signature Date

Practitioner PIN Method Returns Only

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1

Do not enter all zeros.

I certify this numeric entry is my PIN, which is my signature for the tax year 2023 electronically filed income tax return for the taxpayer(s). I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and the Maryland MeF Handbook for Authorized e-file Providers.

ERO's signature Date 02012024

DO NOT MAIL



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\$

OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2023, ENDING \_\_\_\_\_

115114734

Your Social Security Number Spouse's Social Security Number

SWATI

Your First Name MI

SONAM

Your Last Name

Does your name match the name on your social security card? If not, to ensure you get credit for your personal exemptions, contact SSA at 1-800-772-1213 or visit ssa.gov.

Spouse's First Name MI

Spouse's Last Name

19208 CIRCLE GATE DR

Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

202

GERMANTOWN

MD

20874

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)

City or Town

State

ZIP Code + 4

Foreign Country Name

Foreign Province/State/County

Foreign Postal Code

REQUIRED: Maryland Physical address of taxing area as of December 31, 2023 or last day of the taxable year for fiscal year taxpayers. See Instruction 6. Part-year residents see Instruction 26.

1600

MONTGOMERY

4 Digit Political Subdivision Code (See Instruction 6) Maryland Political Subdivision (See Instruction 6)

19208 CIRCLE GATE DR

Maryland Physical Address Line 1 (Street No. and Street Name) (No PO Box)

202

Maryland Physical Address Line 2 (Apt No., Suite No., Floor No.) (No PO Box)

GERMANTOWN

MD

20874

MONTGOMERY

City

State

ZIP Code + 4

Maryland County

FILING STATUS

CHECK ONE BOX

See Instruction 1 if you are required to file.

- 1. Single (If you can be claimed on another person's tax return, use Filing Status 6.)
2. Married filing joint return or spouse had no income
3. Married filing separately, Spouse SSN 897513204
4. Head of household
5. Qualifying surviving spouse with dependent child
6. Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 7.)

PART-YEAR RESIDENT

See Instruction 26.

Dates of Maryland Residence (MM DD YYYY) FROM TO

Other state of residence:

If you began or ended legal residence in Maryland in 2023 place a P in the box.

MILITARY: If you or your spouse has non-Maryland military income, place an M in the box.

Enter Military Income amount here:



235020113

Name SWATI SONAM

SSN 115114734

EXEMPTIONS

See Instruction 10. Check appropriate box(es). NOTE: If you are claiming dependents, you must attach the Dependents' Information Form 502B to this form to receive the applicable exemption amount.

A. [X] Yourself [ ] Spouse . . . . . Enter number checked 1 See Instruction 10 A. \$ 3200 00
B. [ ] 65 or over [ ] 65 or over
[ ] Blind [ ] Blind . . . . . Enter number checked [ ] X \$1,000 . . . . . B. \$ 00
C. Enter number from line 3 of Dependent Form 502B . . . . . [ ] See Instruction 10 C. \$ 00
D. Enter Total Exemptions (Add A, B and C.) . . . . . [ 1 Total Amount. . . . . D. \$ 3200 00

MARYLAND HEALTH CARE COVERAGE

See Instruction 3.

Check here [ ] If you do not have health care coverage DOB (mm/dd/yyyy)
Check here [ ] If your spouse does not have health care coverage DOB (mm/dd/yyyy)
Check here [ ] I authorize the Comptroller of Maryland to share information from this tax return with Maryland Health Connection for the purpose of determining pre-eligibility for no-cost or low-cost health care coverage.
E-mail address

INCOME

See Instruction 11.

1. Adjusted gross income from your federal return . . . . . 1. 88941 00
1a. Wages, salaries and/or tips . . . . . 1a. 88941 00
1b. Earned income . . . . . 1b. 00
1c. Capital Gain or (loss) . . . . . 1c. 00
1d. Taxable Pensions, IRAs, Annuities (Attach Form 502R.) 1d. 00
1e. Place a "Y" in this box if the amount of your investment income is more than \$11,000 . . . . . [ ]

ADDITIONS TO MARYLAND INCOME

See Instruction 12.

2. Tax-exempt interest on state and local obligations (bonds) other than Maryland . . . . . 2. 00
3. State retirement pickup . . . . . 3. 00
4. Lump sum distributions (from worksheet in Instruction 12.) . . . . . 4. 00
5. Other additions (Enter code letter(s) from Instruction 12.) . . . . . 5. F 00
6. Total additions (Add lines 2 through 5. See instructions.) . . . . . 6. 00
7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.) . . . . . 7. 88941 00

SUBTRACTIONS FROM MARYLAND INCOME

See Instruction 13.

8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 . . . . . 8. 00
9. Child and dependent care expenses . . . . . 9. 00
10a. Pension exclusion from worksheet (13A) . . . . . Yourself [ ] Spouse [ ] . . . . . 10a. 00
10b. Ranger pension exclusion from worksheet (13E) . . . . . Yourself [ ] Spouse [ ] . . . . . 10b. 00
11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 . . . . . 11. 00
12. Income received during period of nonresidence (See Instruction 26.) . . . . . 12. 00
13. Subtractions from attached Form 502SU . . . . . 13. 00
14. Two-income subtraction from worksheet in Instruction 13. . . . . 14. 00
15. Total subtractions (Add lines 8 through 14. See instructions.) . . . . . 15. 00
16. Maryland adjusted gross income (Subtract line 15 from line 7.) . . . . . 16. 88941 00

DEDUCTION METHOD

See Instruction 16.

All taxpayers must select one method and check the appropriate box.
[X] STANDARD DEDUCTION METHOD (Enter amount on line 17.)
[ ] ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.)
17a. Total federal itemized deductions (from line 17, federal Schedule A) . . . . . 17a. 00
17b. State and local income taxes (See Instruction 14.) . . . . . 17b. 00
Subtract line 17b from line 17a and enter amount on line 17.
17. Deduction amount (Part-year residents see Instruction 26 (l and m).) . . . . . 17. 2550 00

18. Net income (Subtract line 17 from line 16.) . . . . . 18. 86391 00
19. Exemption amount from Exemptions area (See Instruction 10.) . . . . . 19. 3200 00
20. Taxable net income (Subtract line 19 from line 18.) . . . . . 20. 83191 00



235020213

Name SWATI SONAM

SSN 115114734

<b>MARYLAND TAX COMPUTATION</b>	21. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II) . . . . .	21.	3898	00
	21a. Recaptured credit from Part DD, line 1 of Form 502CR. (Attach Form 502CR) . . . . .	21a.		00
	22. Earned income credit (EIC) (See Instruction 18.) . . . . .	22.		00
	<input type="checkbox"/> Check this box if you are claiming the Maryland Earned Income Credit, but do not qualify for the federal Earned Income Credit.			
	<input type="checkbox"/> Check this box if you are claiming the Maryland Earned Income Credit with a qualifying child.			
	23. Poverty level credit (See Instruction 18.) . . . . .	23.		00
	24. Other income tax credits for individuals from Part AA, line 14 of Form 502CR (Attach Form 502CR.) 24. . . . .	24.		00
25. Business tax credits. . . . . <b>You must file this form electronically to claim business tax credits on Form 500CR.</b>				
26. Total credits (Add lines 22 through 25.) . . . . .	26.		00	
27. Maryland tax after credits (Add lines 21 and 21a, then subtract line 26.) If less than 0, enter 0.27. . . . .	27.	3898	00	
<b>LOCAL TAX COMPUTATION</b>	28. Local tax (See Instruction 19 for tax rates and worksheet.) <b>Multiply line 20 by your local tax rate .0320</b> or use the Local Tax Worksheet . . . . .	28.	2662	00
	29. Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) . . . . .	29.		00
	30. Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) . . . . .	30.		00
	31. Local tax credit from Part BB, line 1 of Form 502CR (Attach Form 502CR.) . . . . .	31.		00
	32. Total credits (Add lines 29 through 31.) . . . . .	32.		00
	33. <b>Local tax</b> after credits (Subtract line 32 from line 28.) If less than 0, enter 0. . . . .	33.	2662	00
<b>CONTRIBUTIONS</b> See Instruction 20.	34. Total Maryland and local tax (Add lines 27 and 33.) . . . . .	34.	6560	00
	35. Contribution to Chesapeake Bay and Endangered Species Fund . . . . .	35.		00
	36. Contribution to Developmental Disabilities Services and Support Fund . . . . .	36.		00
	37. Contribution to Maryland Cancer Fund. . . . .	37.		00
38. Contribution to Fair Campaign Financing Fund . . . . .	38.		00	
39. <b>Total Maryland income tax, local income tax and contributions</b> (Add lines 34 through 38.) . . . . .	39.	6560	00	
<b>ESTIMATE ONLY</b>	40. Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms and attach if MD tax is withheld.) . . . . .	40.	6868	
	41. 2023 estimated tax payments, amount applied from 2022 return, payment made with an extension request, and Form MW506NRS . . . . .	41.		
	42. Refundable earned income credit (from worksheet in Instruction 21) . . . . .	42.		
	43. Refundable income tax credits from Part CC, line 10 of Form 502CR (Attach Form 502CR and/or Schedule K-1 (Forms 510/511), if applicable. See Instruction 21.) 43. . . . .	43.		
	44. Total payments and credits (Add lines 40 through 43.) . . . . .	44.	6868	
<b>REFUND</b>	45. Balance due (If line 39 is more than line 44, subtract line 44 from line 39. See Instruction 22.) . . . . .	45.		
	46. Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.) . . . . .	46.	308	
<b>AMOUNT DUE</b>	47. <b>Amount of overpayment TO BE APPLIED TO 2024 ESTIMATED TAX</b> . . . . .	47.		
	48. Amount of overpayment <b>TO BE REFUNDED TO YOU</b> (Subtract line 47 from line 46.) See line 51 . . . . . <b>REFUND</b>	48.	308	
	49. Check here <input type="checkbox"/> if you are attaching Form 502UP. Enter interest charges from line 18, _____ or for late filing _____ or homebuyer withdrawal penalty _____	49.		
	50. <b>TOTAL AMOUNT DUE</b> (Add lines 45 and 49.)	50.		
	<b>IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV.</b> . . . . .			

DO NOT MAIL

