

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name <b>MISHAL EJAZ</b>	Social security number 790-35-1033
Spouse's name	Spouse's social security number

## Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

<b>1</b> Adjusted gross income . . . . .	<b>1</b>	65,181.
<b>2</b> Total tax . . . . .	<b>2</b>	6,599.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	<b>3</b>	6,718.
<b>4</b> Amount you want refunded to you . . . . .	<b>4</b>	119.
<b>5</b> Amount you owe . . . . .	<b>5</b>	

## Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

5	1	0	3	3
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 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name   
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

- I authorize \_\_\_\_\_ to enter or generate my PIN 

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 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name   
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Practitioner PIN Method Returns Only—continue below

## 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
---	---	---	---	---	---	---	---	---	---	---

  
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning \_\_\_\_\_, 2023, ending \_\_\_\_\_, 20 \_\_\_\_\_ See separate instructions.

Your first name and middle initial <b>MISHAL</b>	Last name <b>EJAZ</b>	Your social security number <b>790   35   1033</b>
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. <b>200 TOWSONTOWN CT</b>		Apt. no. <b>204</b>
City, town, or post office. If you have a foreign address, also complete spaces below. <b>TOWSON</b>		State <b>MD</b>
Foreign country name		ZIP code <b>21204</b>
Foreign province/state/county		Foreign postal code

**Presidential Election Campaign**  
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  
 You  Spouse

**Filing Status**  Single  Head of household (HOH)  
 Married filing jointly (even if only one had income)  
 Married filing separately (MFS)  Qualifying surviving spouse (QSS)  
 Check only one box.  
 If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: \_\_\_\_\_

**Digital Assets** At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)  Yes  No

**Standard Deduction** **Someone can claim:**  You as a dependent  Your spouse as a dependent  
 Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** You:  Were born before January 2, 1959  Are blind Spouse:  Was born before January 2, 1959  Is blind

Dependents (see instructions):	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):
					Child tax credit
If more than four dependents, see instructions and check here <input type="checkbox"/>					Credit for other dependents
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Income	Description	Amount
<b>1a</b>	Total amount from Form(s) W-2, box 1 (see instructions)	65,181.
<b>b</b>	Household employee wages not reported on Form(s) W-2	
<b>c</b>	Tip income not reported on line 1a (see instructions)	
<b>d</b>	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	
<b>e</b>	Taxable dependent care benefits from Form 2441, line 26	
<b>f</b>	Employer-provided adoption benefits from Form 8839, line 29	
<b>g</b>	Wages from Form 8919, line 6	
<b>h</b>	Other earned income (see instructions)	0.
<b>i</b>	Nontaxable combat pay election (see instructions) <span style="float: right;">1i</span>	
<b>z</b>	Add lines 1a through 1h	65,181.
<b>2a</b>	Tax-exempt interest	
<b>2b</b>	Taxable interest	
<b>3a</b>	Qualified dividends	
<b>3b</b>	Ordinary dividends	
<b>4a</b>	IRA distributions	
<b>4b</b>	Taxable amount	
<b>5a</b>	Pensions and annuities	
<b>5b</b>	Taxable amount	
<b>6a</b>	Social security benefits	
<b>6b</b>	Taxable amount	
<b>c</b>	If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/>	
<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	
<b>8</b>	Additional income from Schedule 1, line 10	0.
<b>9</b>	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>	65,181.
<b>10</b>	Adjustments to income from Schedule 1, line 26	
<b>11</b>	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>	65,181.
<b>12</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A)	13,850.
<b>13</b>	Qualified business income deduction from Form 8995 or Form 8995-A	
<b>14</b>	Add lines 12 and 13	13,850.
<b>15</b>	Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b>	51,331.

Attach Sch. B if required.

**Standard Deduction for—**  
 • Single or Married filing separately, \$13,850  
 • Married filing jointly or Qualifying surviving spouse, \$27,700  
 • Head of household, \$20,800  
 • If you checked any box under Standard Deduction, see instructions.

Table with columns for line numbers (16-24), descriptions (Tax and Credits), and amounts. Total tax is 6,599.

Table for Payments (lines 25-33). Includes federal income tax withheld (6,718) and total payments (6,718).

Table for Refund (lines 34-36). Shows overpaid amount (119) and amount applied to 2024 tax (36).

Table for Amount You Owe (lines 37-38). Shows amount owed (37) and estimated tax penalty (38).

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with signature lines for taxpayer and preparer, occupation (RESIDENT PHYSICIAN), and contact information.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, firm name, address, and phone number.



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.

MISHAL EJAZ 790351033
First Name MI Last Name SSN/Taxpayer Identification Number
Spouse's First Name MI Spouse's Last Name SSN/Taxpayer Identification Number

Part I Tax Return Information (whole dollars only)

1. Amount of overpayment to be applied to 2024 estimated tax 1.
2. Amount of overpayment to be refunded to you REFUND 2. 56
3. Total amount due (Pay in full by April 15, 2024. See instructions.) 3.

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 5 1 0 3 3 as my signature on my tax year 2023 electronically filed income tax return.

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.

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.

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 04132024

DO NOT MAIL



235020013

\$

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

790351033

Your Social Security Number Spouse's Social Security Number

MISHAL

Your First Name MI

EJAZ

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

200 TOWSONTOWN CT

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

204

TOWSON

MD

21204

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.

0300

BALTIMORE COUNTY

4 Digit Political Subdivision Code (See Instruction 6)

Maryland Political Subdivision (See Instruction 6)

200 TOWSONTOWN CT

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

204

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

TOWSON

MD

21204

BALTIMORE COUNTY

City

State

ZIP Code + 4

Maryland County

FILING STATUS

CHECK ONE BOX

See Instruction 1 if you are required to file.

- 1. [X] 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
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 MISHAL EJAZ

SSN 790351033

**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.  Yourself ▶  Spouse . . . . . Enter number checked  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.)** . . . . . ▶  **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. 65181 00

1a. Wages, salaries and/or tips . . . . . ▶ 1a. 65181 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. \_\_\_\_\_ 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. 65181 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. 65181 00

**DEDUCTION METHOD**

See Instruction 16.

**All taxpayers must select one method and check the appropriate box.**

**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. 62631 00

19. Exemption amount from Exemptions area (See Instruction 10.) . . . . . ▶ 19. 3200 00

20. Taxable net income (Subtract line 19 from line 18.) . . . . . ▶ 20. 59431 00



235020213

Name MISHAL EJAZ

SSN 790351033

<b>MARYLAND TAX COMPUTATION</b>	21. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II) . . . . .	21.	2770	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. . . . .		2770	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 .0 0320</b> or use the Local Tax Worksheet . . . . .	28.	1902	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.	1902	00
34. Total Maryland and local tax (Add lines 27 and 33.) . . . . .	34.	4672	00	
<b>CONTRIBUTIONS</b> See Instruction 20.	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.	4672	00	
	40. Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms and attach if MD tax is withheld.) . . . . .	▶ 40.	4728	
	41. 2023 estimated tax payments, amount applied from 2022 return, payment made with an extension request, and <b>Form MW506NRS</b> . . . . .	▶ 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.	4728	
	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.	56	
<b>REFUND</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.	56	
<b>AMOUNT DUE</b>	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.) <b>IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV.</b> . . . . .	▶ 50.		



235020313

Name MISHAL EJAZ SSN 790351033

**DIRECT DEPOSIT OF REFUND** (See Instruction 22.) **Verify that all account information is correct and clearly legible.** If you are requesting direct deposit of your refund, complete the following. **To split your Direct Deposit**, use Form 588.

▶  Check here if you authorize the State of Maryland to issue your refund by direct deposit.

▶  Check here if this refund will go to an account outside of the United States.

51a. Type of account: ▶  Checking  Savings      51b. Routing Number (9-digits) ▶ 044000037

51c. Account Number ▶ 857397571

51d. Name(s) as it appears on the bank account \_\_\_\_\_

▶ 4437905600 \_\_\_\_\_  
Daytime telephone no. Home telephone no. CODE NUMBERS (3 digits per line)

Check here  if you authorize your preparer to discuss this return with us. Check here ▶  if you authorize your paid preparer not to file electronically. Check here ▶  if you agree to receive your 1099G Income Tax Refund statement electronically (See Instruction 24.)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

\_\_\_\_\_  
Your signature Date

GLOBAL TAXES LLC  
Printed name of the Preparer / or Firm's name

SYAM PRIYA RAM SAGAR GUPTA  
Signature of preparer other than taxpayer (Required by Law)

\_\_\_\_\_  
Spouse's signature Date

245 ROONEY CT  
Street address of preparer or Firm's address

E BRUNSWICK NJ 08816  
City, State, ZIP Code + 4

6789659522 ▶ P02082703  
Telephone number of preparer Preparer's PTIN (Required by Law)

**To make an online payment, scan the QR code below and follow instructions, or go to [marylandtaxes.gov](http://marylandtaxes.gov) and click on Pay.**

**For returns filed without payments, mail your completed return to:**

Comptroller of Maryland  
Revenue Administration Division  
110 Carroll Street  
Annapolis, MD 21411-0001

**For returns filed with payments, attach your check or money order to Form PV. Make your check or money order payable to Comptroller of Maryland. On your check or money order, you must include the Social Security number/Individual Taxpayer Identification Number of the taxpayer if filing individually. If filing jointly, you must include the Social Security number/ITIN of the primary taxpayer, tax year, and tax type on the check/money order. Failure to include this information will delay the processing of your payment. Do not staple Form PV or check/money order to Form 502. Place Form PV with attached check/money order on TOP of Form 502 and mail to:**

Comptroller of Maryland  
Payment Processing  
PO Box 8888  
Annapolis, MD 21401-8888