

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name DURGA RAGAVENI PAPPALA	Social security number 205-37-2535
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.

1	Adjusted gross income	1	94,804.
2	Total tax	2	13,122.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	15,957.
4	Amount you want refunded to you	4	2,835.
5	Amount you owe	5	

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

7	2	5	3	5
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 as my signature on the income tax return (original or amended) I am now authorizing.
- 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.
- 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 DURGA RAGAVENTI Last name PAPPALA Your social security number 205 37 2535

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. 4600 EMBASSY CIR Apt. no. 303 Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. OWINGS MILLS State MD ZIP code 21117 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.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status [X] Single [] Head of household (HOH) [] Married filing jointly (even if only one had income) [] Married filing separately (MFS) [] Qualifying surviving spouse (QSS) 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 [X] 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

Table with 5 columns: (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, Credit for other dependents. Includes rows for dependents.

Income section table with columns 1a-1z and 1a-1z. Rows include Total amount from Form(s) W-2, Household employee wages, Tip income, Medicaid waiver payments, Taxable dependent care benefits, Employer-provided adoption benefits, Wages from Form 8919, Other earned income, Nontaxable combat pay election, Add lines 1a through 1h.

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. Rows include Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits, Taxable interest, Ordinary dividends, Taxable amount.

Table with columns 7-15. Rows include Capital gain or (loss), Additional income from Schedule 1, Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income, Adjustments to income from Schedule 1, Subtract line 10 from line 9. This is your adjusted gross income, Standard deduction or itemized deductions (from Schedule A), Qualified business income deduction from Form 8995 or Form 8995-A, Add lines 12 and 13, Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income.

Tax and Credits table with rows 16-24. Includes Tax (see instructions), Amount from Schedule 2, Child tax credit, Amount from Schedule 3, Other taxes, and total tax.

Payments table with rows 25-33. Includes Federal income tax withheld (Form(s) W-2, 1099, etc.), 2023 estimated tax payments, Earned income credit, and total payments.

Refund table with rows 34-36. Includes amount overpaid, routing number, account number, and amount applied to 2024 estimated tax.

Amount You Owe table with rows 37-38. Includes amount you owe and estimated tax penalty.

Third Party Designee section with a checkbox for 'Yes' and 'No', and fields for name, phone, and PIN.

Sign Here section with a declaration of truthfulness and signature lines for the preparer and spouse, including occupation and ID information.

Paid Preparer Use Only section with fields for preparer's name, signature, date, PTIN, firm's name, address, and phone/EIN.

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

DURGA RAGAVENI PAPPALA

Your social security number

205-37-2535

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions): _____			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	-12,726.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
a	Net operating loss	8a ()		
b	Gambling	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
e	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
o	Section 951A(a) inclusion (see instructions)	8o		
p	Section 461(l) excess business loss adjustment	8p		
q	Taxable distributions from an ABLÉ account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount: _____	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	-12,726.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

11	Educator expenses		11
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12
13	Health savings account deduction. Attach Form 8889		13
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14
15	Deductible part of self-employment tax. Attach Schedule SE		15
16	Self-employed SEP, SIMPLE, and qualified plans		16
17	Self-employed health insurance deduction		17
18	Penalty on early withdrawal of savings		18
19a	Alimony paid		19a
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions): _____		
20	IRA deduction		20
21	Student loan interest deduction		21
22	Reserved for future use		22
23	Archer MSA deduction		23
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount: _____	24z	
25	Total other adjustments. Add lines 24a through 24z		25
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

2023
Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Go to www.irs.gov/ScheduleE for instructions and the latest information.

Name(s) shown on return

DURGA RAGA VENI PAPPALA

Your social security number

205-37-2535

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions Yes No
- B** If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A 74-4-1 PANDARIPURAM VIJAYAWADA ANDHRA PRADESH IN 520007

B
C

1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days	QJV
		A	B	C	
A 3		365		0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence
- 2 Multi-Family Residence
- 3 Vacation/Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 8 Other (describe) _____

Income:	Properties:		
	A	B	C
3 Rents received	3 642.		
4 Royalties received	4		
Expenses:			
5 Advertising	5		
6 Auto and travel (see instructions)	6		
7 Cleaning and maintenance	7 2,140.		
8 Commissions	8		
9 Insurance	9		
10 Legal and other professional fees	10		
11 Management fees	11 1,970.		
12 Mortgage interest paid to banks, etc. (see instructions)	12		
13 Other interest	13		
14 Repairs	14 2,180.		
15 Supplies	15 2,250.		
16 Taxes	16		
17 Utilities	17 2,500.		
18 Depreciation expense or depletion	18 2,328.		
19 Other (list) _____	19		
20 Total expenses. Add lines 5 through 19	20 13,368.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21 -12,726.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (12,726.)		
23a Total of all amounts reported on line 3 for all rental properties	23a 642.		
b Total of all amounts reported on line 4 for all royalty properties	23b		
c Total of all amounts reported on line 12 for all properties	23c		
d Total of all amounts reported on line 18 for all properties	23d 2,328.		
e Total of all amounts reported on line 20 for all properties	23e 13,368.		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24		
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25 (12,726.)		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26 -12,726.		

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-12,726.

Schedule E (Form 1040) 2023

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attach to your tax return.

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number. Values: DURGA RAGAVENI PAPPALA, Sch E 74-4-1 PANDARIPURAM, 205-37-2535

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 columns for lines 1-13. Line 1: 1,160,000. Line 3: 2,890,000. Line 13: 13

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 2 columns for lines 14-16. Line 14, 15, 16

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 columns for lines 17-18. Line 17, 18

Section B—Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes rows for 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year property and residential/nonresidential real property.

Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) 12-year, (c) 30-year, (d) 40-year, (e) 12 yrs., (f) 30 yrs., (g) 40 yrs., (h) MM, (i) S/L

Part IV Summary (See instructions.)

Table with 2 columns for lines 21-23. Line 21, 22: 2,328. Line 23



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.

DURGA RAGAVENTI PAPPALA 205372535
First Name MI Last Name 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. 187 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 4 2 5 3 5 as my signature on my tax year 2023 electronically filed income tax return.
[] 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.

Enter five digits. Do not enter all zeros.

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.
[] 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.

Enter five digits. Do not enter all zeros.

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 01282024

DO NOT MAIL



235020013

\$

OR FISCAL YEAR BEGINNING _____ 2023, ENDING _____

205372535 Your Social Security Number Spouse's Social Security Number

DURGA RAGAVENTI Your First Name MI

PAPPALA Your Last Name

Spouse's First Name MI

Spouse's 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.

4600 EMBASSY CIR Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

303 OWINGS MILLS MD 21117 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) 4600 EMBASSY CIR Maryland Physical Address Line 1 (Street No. and Street Name) (No PO Box) 303 Maryland Physical Address Line 2 (Apt No., Suite No., Floor No.) (No PO Box) OWINGS MILLS MD 21117 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 DURGA RAGA VENI PAPPALA

SSN 205372535

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. \$ 1600 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. \$ 1600 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. 107530 00
1a. Wages, salaries and/or tips 1a. 107530 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. 107530 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. 107530 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. 104980 00
19. Exemption amount from Exemptions area (See Instruction 10.) 19. 1600 00
20. Taxable net income (Subtract line 19 from line 18.) 20. 103380 00



235020213

Name DURGA RAGAVENTI PAPPALA

SSN 205372535

MARYLAND TAX COMPUTATION	21. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II) 21. _____ 4867 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. _____ 00
25. Business tax credits. You must file this form electronically to claim business tax credits on Form 500CR.	
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. _____ 4867 00	
LOCAL TAX COMPUTATION	28. Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by your local tax rate .0320 or use the Local Tax Worksheet 28. _____ 3308 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. Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0. 33. _____ 3308 00
CONTRIBUTIONS See Instruction 20.	34. Total Maryland and local tax (Add lines 27 and 33.) 34. _____ 8175 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. Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.) 39. _____ 8175 00	
REFUND	40. Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms and attach if MD tax is withheld.) ▶ 40. _____ 8362 .
	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. _____ .
	44. Total payments and credits (Add lines 40 through 43.) 44. _____ 8362 .
AMOUNT DUE	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. _____ 187 .
AMOUNT DUE	47. Amount of overpayment TO BE APPLIED TO 2024 ESTIMATED TAX ▶ 47. _____ .
	48. Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 47 from line 46.) See line 51 REFUND ▶ 48. _____ 187 .
	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. TOTAL AMOUNT DUE (Add lines 45 and 49.) _____	
IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV. ▶ 50. _____ .	

DO NOT MAIL



235020313

Name DURGA RAGAVENI PAPPALA SSN 205372535

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.

DO NOT MAIL

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

51c. Account Number ▶ 693580067

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

▶ 8138302787 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 TALLAM
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

E-FILE ONLY

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

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

To make an online payment, scan the QR code below and follow instructions, or go to marylandtaxes.gov and click on Pay.

DO NOT MAIL