Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)			
Taxpayer's name	Social security	y number	
DILIPKUMAR S PATEL	762-06-	-6211	
Spouse's name	Spouse's soci	al security r	number
PADMABEN D PATEL	701-87-	-6617	
Part I Tax Return Information — Tax Year Ending December 31, 2023 (En	nter year you ar	e author	izing.)
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	16,881.
2 Total tax		2	0.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	256.
4 Amount you want refunded to you		4	296.
5 Amount you owe		5	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get an	nd keep a copy	y of your	return)
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I a return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trait to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terming payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) Electronic Funds Withdrawal Consent.	nsmitter, or electron rejection of the trace U.S. Treasury are indicated in the tall tution to debit the inate the authorizal requests must be the processing of the payment. I further rejection of the payment.	nic return of ansmission and its design preparation entry to thin tion. To represented in the electroner acknow	originator (ERO), (b) the reason nated Financial on software for saccount. This woke (cancel) a no later than 2 unic payment of vledge that the
Taxpayer's PIN: check one box only			
X lauthorize GLOBAL TAXES LLC to enter or general	ato my DIN	6 2 1	1 20 my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent	er five digits 1't enter all z	
I will enter my PIN as my signature on the income tax return (original or amended) I are if you are entering your own PIN and your return is filed using the Practitioner PIN m below.			
Your signature ► Date ■	-		
Consumed DIN shoot are how only			
Spouse's PIN: check one box only	. 511	C C 1	
X I authorize GLOBAL TAXES LLC to enter or general ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent	6 6 1 er five digits n't enter all z	
I will enter my PIN as my signature on the income tax return (original or amended) I all if you are entering your own PIN and your return is filed using the Practitioner PIN m below.			
Spouse's signature ▶ Date ▶	•		
Practitioner PIN Method Returns Only—continue bel	ow		
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.		6 0 8 er all zeros	2 7 1
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incomauthorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am strequirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers	ubmitting this retu	rn in accor	dance with the
ERO's signature ▶ Date ▶	•		
ERO Must Retain This Form — See Instructions			

Don't Submit This Form to the IRS Unless Requested To Do So

1040-SR Department of the Treasury—Internal Revenue Service U.S. Tax Return for Seniors



OMB No. 1545-007

IRS Use Only-Do not write or staple in this space.

Vour social security number Vour	For the year Jan.	1-Dec	a. 31, 2023, or other tax year beginning		, 2023, ending , 20					See separate instructions.			
Income Pare	Your first name	e and	middle initial	Last n	name								
Pare													
Home address flumber and street). If you have a P.O. box, see instructions. Apt. no. Check and property of post office. If you have a foreign address, also complete spaces below. State ZIP code ND 21502 Spouse Foreign province/state/county Foreign postal code Province/state/county Foreign postal code ND Province/state/county Province/			se's first name and middle initial										-
Clast New Filt you want State Clast New Filt you have a foreign address, also complete spaces below. State MD 21502 Stock of the control of the			nber and street). If you have a P.O. b						Apt. no.	1	-		
CUMBERLAND		•	· •						•	Check	here if y	ou, or	your
Foreign country name	City, town, or p	ost o	ffice. If you have a foreign address, al	lso com	plete spaces below.	Sta	te						
Single Married filing jointly (even if only one had income) Married filing separately (MFS)			ma	Ec	vreign province/state								ange
Head of household (HOH)	r oreign count	y Han	iic		oreign province/state	/ COui	ity	i oreigi	ii postai code	1			Spouse
Assets Standard Deduction Someone can claim:	Status Check only	☐ If yo nam	☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS) f 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:										
Dependents Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Spouse: Were born before January 2, 1959 Is blind Is b	•	pro (or a	perty or services); or (b) se a financial interest in a dig	ell, ex ital as	change, or othe sset)? (See insti	erwi ruct	se dispos ions.) . .	se of	a digital	asset	☐ Yes	· 🗵	No
Dependents (see instructions): (1) First name Last name (2) Social security number (3) Relationship to (4) Check the box if qualifies for (see instructions): (1) First name Last name (2) Social security number (3) Relationship to (4) Check the box if qualifies for (see instructions): Credit for other dependents (2) Social security number (3) Relationship to (4) Check the box if qualifies for (see instructions): Credit for other dependents (2) Social security number (3) Relationship to (4) Check the box if qualifies for (see instructions): Credit for other dependents (2) Social security number (3) Relationship to (4) Check the box if qualifies for (see instructions): Credit for other dependents (2) Social security number (3) Relationship to (4) Check the box if qualifies for (see instructions): Credit for other dependents (1) First name (2) Social security number (3) Relationship to (4) Check the box if qualifies for (see instructions): Credit for other dependents (1) First name (2) Social security number (3) Relationship to (4) Check the box if qualifies for (see instructions): 1			Spouse itemizes on a sepa	arate	return or you w	ere	a dual-st	atus	alien				
See instructions : (1) First name		Age	Spouse:	□ Wa	as born before	Jan	uary 2, 19	959	☐ Is b	lind			
Comparison of the content of the c	Dependents (see instructions):	(1) F	First name Last name		(2) Social security num	nber		nip to (-	· .		-
Income Attach Form(s) W-2 here. Also attach Form W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions. If was from Form 8919, line 6 If was do lines 1a through 1h Attach Schedule B if required. Attach Sad Qualified dividends . 3a Qualified dividends . 3a Pensions and annuities 6a Social security benefits . 6a b Taxable amount . 6b It ousehold employee wages not reported on Form(s) W-2 . 1b It ousehold employee wages not reported on Form(s) W-2 (see instructions) . 1c It ousehold employee wages not reported on Form(s) W-2 (see instructions) . 1c It ousehold employee wages not reported on Form(s) W-2 (see instructions) . 1d It ousehold employee wages not reported on Form(s) W-2 (see instructions) . 1d It ousehold employee wages not reported on Form(s) W-2 (see instructions) . 1d It ousehold employee wages not reported on Form(s) W-2 (see instructions) . 1d It ousehold employee wages not reported on Form(s) W-2 (see instructions) . 1d It ousehold employee wages not reported on Form(s) W-2 (see instructions) . 1d It ousehold employee wages not reported on Form(s) W-2 (see instructions) . 1d It ousehold employee wages not reported on Form(s) W-2 (see instructions) . 1d It ousehold employee wages not reported on Form(s) W-2 (see instructions) . 1d It ousehold employee wages not reported on Form(s) W-2 (see instructions) . 1d It ousehold employee wages not reported on Form(s) W-2 (see instructions) . 1d It ousehold employee wages not reported on Form(s) W-2 (see instructions) . 1d It ousehold employee wages not reported on Form(s) W-2 (see instructions) . 1d It ousehold employee wages not reported on Form(s) W-2 (see instructions) . 1d It ousehold employee wages not reported on Form(s) W-2 (see instructions) . 1d It ousehold employee wages not reported on Form(s) W-2 (see instructions) . 1d It ousehold employee wages not reported on Form(s) W-2 (see instructions) . 1d It ousehold employee wages not reported on Form(s) W-2 (see instructions) . 1d It ousehold em	If more than four												
Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-Ri if tax was was withheld. If you did not get a Form W-2, see instructions. If Employer-provided adoption benefits from Form 8839, line 29 If Get a Form W-2, see instructions If Description of the provided adoption benefits from Form 8839, line 29 If Get a Form W-2, see instructions If Description of the provided adoption benefits from Form 8839, line 29 If Get a Form W-2, see instructions If Description of the provided adoption benefits from Form 8839, line 29 If Get a Form W-2, see instructions If Description of the provided adoption benefits from Form 8839, line 29 If Get a Form W-2, see instructions If Description of the provided adoption benefits from Form 8839, line 29 If Get a Form W-2, see instructions If Description of the provided adoption benefits from Form 8839, line 29 If Get a Form W-2, see instructions If Description of the provided adoption benefits from Form 8839, line 29 If Get a Form W-2, see instructions It Get a Form W-2, see instructions If Get a Form W-2, see instructions It Get a Form W-2, see instructions	•												
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions. Wages from Form 8919, line 6 h Other earned income (see instructions) It was hold lines 1a through 1h Attach Schedule B if required. Attach Schedule B												-H	
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions. Wages from Form 8919, line 6 h Other earned income (see instructions) It was hold lines 1a through 1h Attach Schedule B if required. Attach Schedule B	Income	1a	Total amount from Form(s) W-	2. box 1 (see in	strı	uctions) .			. 1a		16	881
here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions. W-2, see instructions. It descriptions withheld. If you did not get a Form W-2, see instructions. W-2, see instructions. It descriptions withheld. If was be the form withheld. If you did not get a Form W-2, see instructions. If wages from Form 8919, line 6 It was be the form withheld. It was be the form			•	. ,	•		•						,
d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) e Taxable dependent care benefits from Form 2441, line 26	here. Also			•	•		` '						
### distributions of a contract of the contrac		d	Medicaid waiver payment	ts not	reported on Fo	orm((s) W-2 (s	ee in	struction	s) 10	ı		
f Employer-provided adoption benefits from Form 8839, line 29		е	Taxable dependent care	bene	fits from Form 2	244	1, line 26			. 16	•		
W-2, see instructions. h Other earned income (see instructions)	If you did not	f	Employer-provided adop	tion b	enefits from Fo	orm	8839, line	e 29		. 11	F		
h Other earned income (see instructions)	W-2, see	g	Wages from Form 8919,	line 6						. 10	3		
Attach Schedule B if required. 2a Tax-exempt interest . 2a b Taxable interest . 2b 4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 6a b Taxable amount 5b 6a Social security benefits . 6a b Taxable amount 6b	mondono.	h	Other earned income (see	e inst	ructions)					. 1h	1		0.
Attach Schedule B if required. 2a Tax-exempt interest . 2a b Taxable interest 2b 3a Qualified dividends 3a b Ordinary dividends 3b 4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b 6a Social security benefits . 6a b Taxable amount 6b		i	Nontaxable combat pay	electi	on (see instruct	tions	s) . 1	1i				_	
Attach Schedule B if required. 2a Tax-exempt interest . 2a b Taxable interest 2b 3a Qualified dividends 3a b Ordinary dividends 3b 4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b 6a Social security benefits . 6a b Taxable amount 6b		z	Add lines 1a through 1h							. 12	<u>z</u>	16	,881.
4aIRA distributions4ab Ordinary dividends3b5aPensions and annuities5ab Taxable amount5b6aSocial security benefits .6ab Taxable amount6b		2a	Tax-exempt interest .	2a			b Taxabl	le inte	erest .	. 2t)		
5aPensions and annuities5ab Taxable amount 5b6aSocial security benefits . 6ab Taxable amount 6b		За	Qualified dividends	За] ,	b Ordina	ry div	vidends	. 3k)		
6a Social security benefits . 6a b Taxable amount 6b		4a	IRA distributions	4a] ,	b Taxabl	le am	ount .	. 4k)		
,		5a	Pensions and annuities	5a]	b Taxabl	le am	ount .	. 5k			
c If you elect to use the lump-sum election method check here (see		6a	Social security benefits .	6a			b Taxabl	le am	ount .	. 6k)		
instructions)		С	If you elect to use the I	•					•				

Form 1040-SR (2023) Page **2**

	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	7	,
	8	Additional income from Schedule 1, line 10	8	
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	16,881.
	10	Adjustments to income from Schedule 1, line 26	10	
	11	16,881.		
Standard Deduction	12	Standard deduction or itemized deductions (from Schedule A)	12	29,200.
See Standard	13	Qualified business income deduction from Form 8995 or Form 8995-A .	13	
Deduction Chart on the last page	14	Add lines 12 and 13	14	29,200.
of this form.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income	15	0.
Tax and	16	Tax (see instructions). Check if any from:		
Credits		1 □ Form(s) 8814 2 □ Form(s) 4972 3 □	16	0.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	0.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	0.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	0.
Payments	25	Federal income tax withheld from:		
	а	Form(s) W-2		
	b	Form(s) 1099		
	С	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	256.
	26	2023 estimated tax payments and amount applied from 2022 return	26	
If you have a qualifying	27	Earned income credit (EIC)		
child, attach Sch. EIC.	28	Additional child tax credit from Schedule 8812 28		
	29	American opportunity credit from Form 8863, line 8 . 29		
	30	Reserved for future use		
	31	Amount from Schedule 3, line 15		
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	40.
	33	Add lines 25d, 26, and 32. These are your total payments	33	296.

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Refund	34	If line 33 is more that amount you overpaid	-	subtract li		ne 33. This	is the	34	296.	
	35a	5a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here							296.	
Direct deposit? See	b	Routing number 0 5 5	5 0 0 3	3 0 8	c Type: ⋉	Checking	Savings			
instructions.	d	Account number 1 2 1	1 0 0 0	2 6 0	3 4 5 2					
	36	Amount of line 34 ye estimated tax			-	36				
Amount You Owe	•	Subtract line 33 from I For details on how to	ine 24. This	s is the am	ount you ow		ctions	37		
	38	Estimated tax penalty	(see instru	uctions) .		38				
Third Party Designee		you want to allow another structions	person to dis	scuss this ret	urn with the IRS		. Comple	te belo	w. 🗵 No	
		esignee's me		Phone no.			nal identifi er (PIN)	cation		
Sign Here	of	nder penalties of perjury, I decla my knowledge and belief, they ormation of which preparer has	are true, corre	ct, and comple						
Joint return?	Yo	ur signature	. ,	Date	Your occupation HOUSE KEEP	ING		ection F	nt you an Identity IN, enter it here	
See instructions Keep a copy for your records.	Sh	ouse's signature. If a joint return, b	oth must sign.	Date	Spouse's occupation If			ne IRS sent your spouse an ntity Protection PIN, enter it here is inst.)		
	Ph	one no. (860) 514-0407		Email address JAYUNP25@GMAIL.COM						
Paid		eparer's name YAM PRIYA RAM SAGAR GUPTA	Preparer's si SYAM PRI	•	AGAR GUPTA	Date 04/12/2024	PTIN P02082	2703	Check if: Self-employed	
Preparer	Fir	m's name GLOBAL TAX	ES LLC				Phoi	ne no.	(678) 965-9522	
Use Only	Fir	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's E					's EIN	84-3171965		
Go to www.irs	s.gov/F	orm1040SR for instructions and	the latest info	ormation.	BAA	REV 03/07/24 PR	0	Fo	orm 1040-SR (2023)	

Form 1040-SR (2023) Page **4**

Standard Deduction Chart*

Add the number of boxes checked in the "Age/Blindness" section of Standard Deduction on page 1

IF your filing status is	AND the number of boxes checked is	THEN your standard deduction is
Single	1	\$15,700
Sirigie	2	17,550
	1	\$29,200
Married	2	30,700
filing jointly	3	32,200
	4	33,700
Qualifying	1	\$29,200
surviving spouse	2	30,700
Head of	1	\$22,650
household	2	24,500
	1	\$15,350
Married filing	2	16,850
separately**	3	18,350
	4	19,850

^{*}Don't use this chart if someone can claim you (or your spouse if filing jointly) as a dependent, your spouse itemizes on a separate return, or you were a dual-status alien. Instead, see instructions.

Go to www.irs.gov/Form1040SR for instructions and the latest information.

REV 03/07/24 PRO

BAA

Form 1040-SR (2023)

^{**}You can check the boxes for your spouse if your filing status is married filing separately and your spouse had no income, isn't filing a return, and can't be claimed as a dependent on another person's return.

SCHEDULE 3 (Form 1040)

Department of the Treasury

Internal Revenue Service

Additional Credits and Payments

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. 03

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
DILIPKUMAR S & PADMABEN D PATEL

Your social security number 762-06-6211

Par	Nonretundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		. 1	
2	Credit for child and dependent care expenses from Form 2441 Form 2441	, line 11. Attac	ch . 2	2
3	Education credits from Form 8863, line 19		. 3	3
4	Retirement savings contributions credit. Attach Form 8880		. 4	l l
5a	Residential clean energy credit from Form 5695, line 15		. 5	a
b	Energy efficient home improvement credit from Form 5695, line 32		. 5	b
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
С	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d	0.	
е	Reserved for future use	6e		
f	Clean vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
ı	Amount on Form 8978, line 14. See instructions	6I		
m	Credit for previously owned clean vehicles. Attach Form 8936.	6m		
z	Other nonrefundable credits. List type and amount:			
		6z		
7	Total other nonrefundable credits. Add lines 6a through 6z		. 7	,
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 10		-	
	1040-NR, line 20		. 8	3

Schedule 3 (Form 1040) 2023 Page **2**

Par	t II Other Payments and Refundable Credits				
9	Net premium tax credit. Attach Form 8962		9	40.	
10	Amount paid with request for extension to file (see instructions) .		10		
11	Excess social security and tier 1 RRTA tax withheld			11	
12	Credit for federal tax on fuels. Attach Form 4136			12	
13	Other payments or refundable credits:				
а	Form 2439	13a			
b	Credit for repayment of amounts included in income from earlier years	13b			
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c			
d	Deferred amount of net 965 tax liability (see instructions)	13d			
Z	Other payments or refundable credits. List type and amount:	13z			
14	Total other payments or refundable credits. Add lines 13a through	13z .		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31	-	·	15	40.

8962

Premium Tax Credit (PTC)

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form8962 for instructions and the latest information. Attachment Sequence No. 73

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Your social security number Name shown on your return DILIPKUMAR S & PADMABEN D PATEL 762-06-6211 A. You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. See instructions. If you qualify, check the box **Annual and Monthly Contribution Amount** Part I Tax family size. Enter your tax family size. See instructions 2a Modified AGI. Enter your modified AGI. See instructions . . . 2a 16,881 b Enter the total of your dependents' modified AGI. See instructions 2b 3 Household income. Add the amounts on lines 2a and 2b. See instructions . 3 16,881. Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3. See instructions. Check the 4 appropriate box for the federal poverty table used. a \square Alaska b \square Hawaii c \boxtimes Other 48 states and DC 18,310. 4 92 % 5 Household income as a percentage of federal poverty line (see instructions) 5 6 7 Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions 0.0000 Annual contribution amount. Multiply line 3 by **b** Monthly contribution amount. Divide line 8a line 7. Round to nearest whole dollar amount by 12. Round to nearest whole dollar amount Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit Part II Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage? See instructions. Yes. Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. X No. Continue to line 10. 10 See the instructions to determine if you can use line 11 or must complete lines 12 through 23. Yes. Continue to line 11. Compute your annual PTC. Then skip lines 12-23 ■ No. Continue to lines 12–23. Compute and continue to line 24. your monthly PTC and continue to line 24. (b) Annual applicable (d) Annual maximum (a) Annual enrollment (c) Annual (e) Annual premium tax (f) Annual advance Annual SLCSP premium premium assistance premiums (Form(s) contribution amount credit allowed payment of PTC (Form(s) (Form(s) 1095-A, (subtract (c) from (b): if Calculation 1095-A, line 33C) 1095-A, line 33A) (line 8a) (smaller of (a) or (d)) line 33B) zero or less, enter -0-) 18,792 18,752 11 Annual Totals 18,792. 18,866. 18,866. 0. (c) Monthly (a) Monthly enrollment (b) Monthly applicable (d) Monthly maximum (f) Monthly advance contribution amount (e) Monthly premium tax SLCSP premium payment of PTC (Form(s) premiums (Form(s) Monthly premium assistance (amount from line 8b credit allowed Calculation 1095-A, lines 21-32, (Form(s) 1095-A, lines (subtract (c) from (b): if 1095-A, lines 21-32, or alternative marriage (smaller of (a) or (d)) column A) 21-32, column B) column C) zero or less, enter -0-) monthly calculation) 12 January 13 February 14 March 15 April 16 May 17 June 18 July 19 August 20 September 21 October 22 November 23 December 24 Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here 24 18,792. Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here 25 18,752. 25 26 Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040), line 9. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, 26 40. Repayment of Excess Advance Payment of the Premium Tax Credit Part III Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here 27 27 28 28 Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 29

(Form 1040), line 2

29

Form 8962 (2023) Page **2**

Part	W Allocation of	f Policy Amoun	te						. ago <u> </u>	
	lete the following inform	ation for up to four p	oolicy an	nount allocations	s. See instruc	tion	s for allocation details			
	ation 1	<u> </u>								
30	(a) Policy Number (Fo	orm 1095-A, line 2)	(b) SS	SN of other taxpa	ayer		(c) Allocation start m	nonth	(d) Allocation stop month	
Allocation percentage applied to monthly amounts		(e) Pre	(e) Premium Percentage		(f) SLCSP Percentage		(g) Advance Payment of the PTC Percentage			
ΔΙΙος	ation 2									
31	(a) Policy Number (Fo	orm 1095-A, line 2)	(b) S	SN of other taxpa	ayer		(c) Allocation start n	nonth	(d) Allocation stop month	
	Allocation percentag applied to monthly amounts	(e) Pre	mium Pe	ercentage	(f) S	LCS	P Percentage	(g) A	dvance Payment of the PTC Percentage	
ΔΙΙος	ation 3									
32	(a) Policy Number (Fo	orm 1095-A, line 2)	(b) SS	SN of other taxpa	ayer		(c) Allocation start m	nonth	(d) Allocation stop month	
Allocation percentage applied to monthly amounts		(e) Pre	mium Pe	ercentage	(f) S	LCS	P Percentage	(g) A	dvance Payment of the PTC Percentage	
Alloc	ation 4									
33	(a) Policy Number (Fo	orm 1095-A, line 2)	(b) SS	SN of other taxpa	ayer		(c) Allocation start n	nonth	(d) Allocation stop month	
	Allocation percentag applied to monthly amounts	(e) Pre	(e) Premium Percentage		(f) SLCSP Percentage			(g) Advance Payment of the PTC Percentage		
34	Have you completed a	all policy amount allo	cations	2						
04	Yes. Multiply the	amounts on Form 1 nts from Forms 109	095-A b 5-A, if ar	by the allocation by, to compute a	combined to	otal f	or each month. Enter	the cor	ated policy amounts and non- nbined total for each month on 24.	
	No. See the instru	ctions to report add	itional p	olicy amount allo	cations.					
Part	V Alternative (Calculation for `	Year o	f Marriage						
	lete line(s) 35 and/or 36 mplete line(s) 35 and/or 3							election	, see the instructions for line 9.	
35	Alternative entries for your SSN	(a) Alternative fan	nily size	(b) Alternative contribution an		(c)	Alternative start mon	th	(d) Alternative stop month	
36	Alternative entries for your spouse's	(a) Alternative fan	nily size	(b) Alternative contribution am		(c)	Alternative start mon	th	(d) Alternative stop month	

BA REV 03/07/24 PR Form **8962** (2023)



e-File DECLARATION FOR ELECTRONIC FILING



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

DILIPKUMAR		PATEL	762066211	
First Name	MI	Last Name	SSN/Taxpayer Ide	entification Number
PADMABEN	D	PATEL	701876617	
Spouse's First Name	MI	Spouse's Last Name	SSN/Taxpayer Ide	entification Number
Part I Tax Return Information	on (whole dollars onl	y)		
1. Amount of overpayment to be	applied to 2024 estima	ted tax	1	00
2. Amount of overpayment to be	refunded to you			678 00
3. Total amount due (Pay in full b	y April 15, 2024. See i	nstructions.)		00
, ,	, , ,			
Part II Taxpayer Declaration	and Signature Autho	rization		
Under penalties of perjury, I declar that I provided to my Electronic agree with the amounts shown or knowledge and belief, my return statements, be sent to the Maryla software provider.	Return Originator (ERC n the corresponding ling is true, correct and co	D) or entered on-line and than nes of my 2023 Maryland ele amplete. I consent that my re	at the name(s) and amounts actronic income tax return. To eturn, including accompanyin	described above the best of my g schedules and
Your PIN: check one box only				
X I authorize GLOBAL TAXES	LLC	to enter or gen	erate my PIN 6 6 2 1 1 <	Enter five digits. Do not enter all
as my signature on my tax ye	ERO firm name		iciace my raiv	zeros.
I will enter my PIN as my sigr entering your own PIN and yo				
Your signature			Date	
Spouse's PIN: check one box o	nly			Foto of the district
X I authorize GLOBAL TAXES	LLC ERO firm name	to enter or ge	nerate my PIN $\frac{7 \ 6 \ 6 \ 1 \ 7}{}$ <	Enter five digits. Do not enter all zeros.
as my signature on my tax ye	ar 2023 electronically f	iled income tax return.		
I will enter my PIN as my sigr entering your own PIN and yo	nature on my tax year 2 our return is filed using	2023 electronically filed incom the Practitioner PIN method.	e tax return. Check this box o The ERO must complete Part I	only if you are III below.
Spouse's signature			Date	
	Practitione	er PIN Method Returns Only	y	
			<u> </u>	
Part III Certification and Author ERO's EFIN/PIN. Enter your six-		-	2224960827	1 Do not enter
and a little line. Your six t	aigic El III lonollea by y	our nive argic ben beleeted i in	•	all zeros.
I certify this numeric entry is my P taxpayer(s). I confirm that I am su Maryland MeF Handbook for Autho	bmitting this return in			
			Date_04122024	
ERO's signature ————————————————————————————————————		DO NO	OT MAIL	

MARYLAND FORM **502**

RESIDENT INCOME TAX RETURN



2023

\$

	OR FISCAL YEAR BE	EGINNING	2023, I	ENDING			
Print Using Blue or Black Ink Only	762066211 Your Social Security Nu DILIPKUMAR Your First Name PATEL Your Last Name PADMABEN Spouse's First Name PATEL Spouse's Last Name 100S GEORGE Current Mailing Address	ST s Line 1 (Street No. and	Does your name match name on your social security Number Does your name match name on your social secard? If not, to ensure get credit for your pers exemptions, contact SS 1-800-772-1213 or visit ssa.gov.	curity you sonal	AND	MD State	21502 ZIP Code + 4
	Foreign Country Name				 Foreign	Province/State/County	
Place your W-2 wage and tax statements and ATTACH HERE with one staple. Do not attach check or money order to Form 502. Attach check or money order to Form PV.	Foreign Postal Code				g	,,,	
	REQUIRED: M taxpayers. See 0100 4 Digit Political Sul 100S GEOR Maryland Physical Maryland Physical	codivision Code (See Inst GE ST Address Line 1 (Street I	Part-year residents ALLEC	s see Instru GANY Political Subdivi PO Box)			taxable year for fiscal year
lace your W-2 with one stal Form 502.	CUMBERLAN			MD	21502	ALLEGANY	
with of	City	1		State	ZIP Code + 4	Maryland County	
Plac W W	FILING STATUS CHECK ONE BOX ► See Instruction 1 if you are required to file.	 X Married Married Head of Qualify 	(If you can be claim d filing joint return o d filing separately, S of household ring surviving spous dent taxpayer (Ente	or spouse ha Spouse SSN se with deper	d no income indent child		
	PART-YEAR RESIDENT See Instruction 26.	Other state of re If you began or e MILITARY: If yo	ended legal residenc	e in Marylan as non-Mar y	d in 2023 place a		in the box

RESIDENT INCOME TAX RETURN



2023Page 2

Name DILIPKUN	MAR S & PADMABEN D PATEL SSN 762066211	
EXEMPTIONS See Instruction 10. Check appropriate box(es). NOTE: If	Spouse Eliter number checked See instruction to A. \$	400 00
you are claiming dependents, you must attach the Dependents'	▶ Blind ▶ Blind Enter number checked 1 X \$1,000	000 00
Information Form 502B to this form to receive	C. Enter number from line 3 of Dependent Form 502B See Instruction 10 C. \$	00
the applicable exemption amount	D. Enter Total Exemptions (Add A, B and C.)	400 00
MARYLAND HEALTH CARE	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) ►	
COVERAGE See Instruction 3.	Check here If your spouse does not have health care coverage Dob (min/dd/yyyyy) 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 ▶	
	Adjusted gross income from your federal return	881 00
INCOME	1a. Wages, salaries and/or tips	
See Instruction 11.	1b . Earned income	
	1c. Capital Gain or (loss)	
	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▶	
	2. Tax-exempt interest on state and local obligations (bonds) other than Maryland ▶ 2.	00
ADDITIONS	3. State retirement pickup	00
TO MARYLAND	4. Lump sum distributions (from worksheet in Instruction 12.) ▶ 4.	00
INCOME	5. Other additions (Enter code letter(s) from Instruction 12.) ▶ 5.	00
See Instruction 12.	6. Total additions (Add lines 2 through 5. See instructions.)	00
	7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.)	881 00
	8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 ▶ 8.	00
SUBTRACTIONS	9. Child and dependent care expenses	00
FROM	10a. Pension exclusion from worksheet (13A) Yourself ▶ Spouse ▶ ▶ 10a.	00
MARYLAND	10b. Ranger pension exclusion from worksheet (13E) Yourself ▶ Spouse ▶ ▶ 10b.	00
INCOME	11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 ▶ 11.	
See Instruction 13.	12. Income received during period of nonresidence (See Instruction 26.) ▶ 12.	00
	13. Subtractions from attached Form 502SU	00
	14. Two means subtraction from worksheet in instruction 15	200 00
	191 Total Subtractions (Add lines of through 14. See instructions.).	200 00
	201 Plat yland dajasted gross medine (Sabardet inte 15 nom inte 7.)	681 00
	All taxpayers must select one method and check the appropriate box.	
DEDUCTION	STANDARD DEDUCTION METHOD (Enter amount on line 17.)	
METHOD	► ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.)	
See Instruction 16.	\wedge	
	278. State and rotal meeting taxes (See Instruction 14.)	
	Subtract line 17b from line 17a and enter amount on line 17.	0.0
	17. Deduction amount (Part-year residents see Instruction 26 (I and m).) ▶ 17.	00 681
	10. Net monie (Subtract line 17 from line 10.)	400
	19. Exemption amount from Exemptions area (See Instruction 10.)	201
	20. Taxable net income (Subtract line 19 from line 18.)	281 00

MARYLAND FORM 502

RESIDENT INCOME TAX RETURN



2023 Page 3

Name DILIPKUM	IAR	S & PADMABEN D PATEL SSN 762066211			
	21.	Maryland tax (from Tax Table or Computation Worksheet Schedules I or II)		0	00
MARYLAND	21a	Recaptured credit from Part DD, line 1 of Form 502CR. (Attach Form 502CR) 21a.			00
TAX	22.	Earned income credit (EIC) (See Instruction 18.)			00
COMPUTATION		Check this box if you are claiming the Maryland Earned Income Credit,			
		but do not qualify for the federal Earned Income Credit.			
		Check this box if you are claiming the Maryland Earned Income Credit			
		with a qualifying child.			0.0
	23.	Poverty level credit (See Instruction 18.)	1	0.00	00
	24.	Other income tax credits for individuals from Part AA, line 14 of Form 502CR (Attach Form 502CR.) 24.		000	00
	25.	Business tax credits You must file this form electronically to claim business tax credits.			
	26.	Total credits (Add lines 22 through 25.)		000	00
	27.	Maryland tax after credits (Add lines 21 and 21a, then subtract line 26.) If less than 0, enter 0.27.		0	00
LOCAL TAX	28.	Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by		0	0.0
COMPUTATION		your local tax rate .0 0303 or use the Local Tax Worksheet		0	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.)			00
	32.	Total credits (Add lines 29 through 31.)			00
	33.	Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0		0	00
	34.	Total Maryland and local tax (Add lines 27 and 33.)		0	00
CONTRIBUTIONS		Contribution to Chesapeake Bay and Endangered Species Fund ▶ 35.	00		
See Instruction 20.		Contribution to Developmental Disabilities Services and Support Fund ▶ 36.	00		
		Contribution to Maryland Cancer Fund▶ 37.	00		
	38.	Contribution to Fair Campaign Financing Fund ▶ 38.	00	0	00
	_	Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.) . 39.			00
	40.	Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms		678	
	44	and attach if MD tax is withheld.)▶ 40. —		•	,
	41.	2023 estimated tax payments, amount applied from 2022 return, payment made			
	42	with an extension request, and Form MW506NRS			
		Refundable income tax credits from Part CC, line 10 of Form 502CR			/
	43.	(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.)		678	
		Balance due (If line 39 is more than line 44, subtract line 44 from line 39.		· ·	-
	45.	See Instruction 22.)			
	46.	Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.)		678	
		Amount of overpayment TO BE APPLIED TO 2024 ESTIMATED TAX			
DEELIND		Amount of overpayment TO BE REFUNDED TO YOU			
REFUND		(Subtract line 47 from line 46.) See line 51		678	
	49.	Check here if you are attaching Form 502UP. Enter interest charges from line 18,			
		or for late filing or homebuyer withdrawal penalty ▶ 49			
AMOUNT DUE	50.	TOTAL AMOUNT DUE (Add lines 45 and 49.)			
		IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV ▶ 50.			
		. , , ,			

MARYLAND FORM 502

RESIDENT INCOME TAX RETURN



2023 Page 4

Name DILIPKUMAR S & PADMABEN D PATEL

SSN 762066211

DIRECT DEPOSIT OF REFUND (See Instruction 22.) Verify that are requesting direct deposit of your refund, complete the following	
➤ X Check here if you authorize the State of Maryland to issu	ue your refund by direct deposit.
Check here if this refund will go to an account outside of	the United States.
51a. Type of account: ► X Checking Savings 51b	Routing Number (9-digits) 055003308
51c. Account Number ▶ 1210002603452	
51d. Name(s) as it appears on the bank account PADMABEN	D PATEL
8605140407 Daytime telephone no. Home telephone no.	CODE NUMBERS (3 digits per line)
Check here if you authorize your preparer to discuss this retunct to file electronically. Check here if you agree to receive Instruction 24.) Under penalties of perjury, I declare that I have examined this return the best of my knowledge and belief it is true, correct and comple based on all information of which the preparer has any knowledge	e your 1099G Income Tax Refund statement electronically (See curn, including accompanying schedules and statements and to te. If prepared by a person other than taxpayer, the declaration is
Your signature Date	Spouse's signature Date
GLOBAL TAXES LLC	245 ROONEY CT
Printed name of the Preparer / or Firm's name	Street address of preparer or Firm's address
SYAM PRIYA RAM SAGAR GUPTA Signature of preparer other than taxpayer (Required by Law)	E BRUNSWICK NJ 08816 City, State, ZIP Code + 4
For returns filed without payments, mail your	6789659522 Telephone number of preparer P02082703 Preparer's PTIN (Required by Law)

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



Print Using Blue or Black Ink Only

INCOME TAX CREDITS FOR INDIVIDUALS

Attach to your tax return.



762066211	701876617		
Your Social Security Number	Spouse's Social Security Number		
DILIPKUMAR	S		
Your First Name	MI		
PATEL			
Your Last Name			
דע באלע באלי	D		
PADMABEN Spouse's First Name	<u>D</u> 		
opouse s i not manne			
PATEL			
Spouse's Last Name			
Read Instructions for Form	502CR. Note: You must complete a	nd submit pages 1 through 4 of this form to receive cred	lit for the
items listed.			
	R INCOME TAXES PAID TO OTHER		
If you were a part-year res	sident, do not claim a credit for tax p	oaid on nonresident income you included on line 12 of the	e Form 502.
If you are claiming a credit	t for taxes paid to multiple states an	d/or localities, see instructions.	
1. Enter your taxable net in	ncome from line 20, Form 502 (or line 1	0, Form 504)	00
2. Taxable net income in ot	her state. Write on this line only the ne	t income which is taxable in both the other state	
and Maryland. If you are	taxed in the other state on income wh	ich is not taxable in Maryland, do not include that	
amount here. NOTE: W	hen the tax in the other state is a perc	entage of a tax based on your total income	
regardless of source, you	u must apply the same percentage to y	our taxable income in the other state to	
determine the income ta	xable in both states	2.	00
3. Revised taxable net inco	me (Subtract line 2 from line 1.) If less	than zero, enter zero	0.0
4. Enter the Maryland tax (sum of lines 21 and 21a, Form 502; or	line 11, Form 504). This is the Maryland tax based	
		4.	0.0
		be due on the revised taxable net income by	
using the Maryland Tax	Table or Computation Worksheet contain	ned in the instructions for Forms 502 or 504.	
Do not include the loc	al income tax	5.	0.0
		han zero, enter zero	0.0
		4). This is the Local tax based on your total	
		7.	0.0
•		d be due on the revised taxable net income by	
multiplying line 3 by you	r Local tax rate .0	8.	0.0
9. Tentative Local tax cred	lit (Subtract line 8 from line 7.) If less t	nan zero, enter zero	00
		10.	0.0
		rate of (Enter 2-letter state code, code must be	
entered for credit to be		of your 2023 income tax liability (after deducting	
any credits for personal		lity in the other state (where applicable). Do not	
		mportant that a copy of the tax return that	
•	,	to your Maryland return 11.	00
	•	edit for taxes paid to another state and/or locality	
·		in Maryland tax resulting from the exclusion of	
	, , , ,	ser of line 11 or line 10	00
State and Local Credits Allo			
		or line 12). Enter on line 1, Part AA 13.	00
		B from line 12.) Enter on line 1, Part BB > 14.	0.0
	(,	

INCOME TAX CREDITS FOR INDIVIDUALS

23502C113

2023 Page 2

502CR Attach to your tax return.

Enter your federal adjusted gross income from line 1 of Form 502	PART B - CREDIT FOR CHILD AND DEPENDENT CARE EXPENSES	NAME DIDITION			SSN_/02000211						
Enter your federal Child and Dependent Care Credit from federal Form 2441		PART B - CREDI	T FOR CHILD AND	DEPEN	DENT CARE EXPENS	SES					
Enter the decimal amount from the chart in the instructions that applies to the amount on line 1	Enter your federal adjusted gross income from line 1 of Form 502.	1. Enter your fe	deral adjusted gross	income f	from line 1 of Form 50)2			. 1		. 0
Enter the decimal amount from the chart in the instructions that applies to the amount on line 1		2. Enter your fe	deral Child and Depe	endent Ca	are Credit from federal	Form 2441			. 2		0
ART C - QUALITY TEACHER INCENTIVE CREDIT Enter the Maryland public school system or a State or local correctional facility or qualified juvenile facility in which you are employed and teach 1. Enter amount of tuition paid to: Enter amount of tuition reimbursement 3. Subtract line 3 from line 2. Maximum Credit 5. Enter the lesser of line 4 or line 5 here. Total (Add amounts from line 6, for Taxpayers A and B). Enter here and on Part AA, line 3. ART D - CREDIT FOR AQUACULTURE OYSTER FLOATS Enter the lesser of local correctional Taxpayer A Taxpayer B Taxpayer A 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.											
Enter the Maryland public school system or a State or local correctional facility or qualified juvenile facility in which you are employed and teach Enter amount of tuition paid to: Enter amount of tuition reimbursement Name of Institution(s) Enter amount of tuition reimbursement Subtract line 3 from line 2 Maximum Credit Enter the lesser of line 4 or line 5 here. Total (Add amounts from line 6, for Taxpayers A and B). Enter here and on Part AA, line 3 Enter the amount paid to purchase an aquaculture oyster float(s) Taxpayer A Taxpayer B 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Enter your federal Child and Dependent Care Credit from federal Form 2441	4. Multiply line	2 by line 3. Enter he	ere and or	n Part AA, line 2				4		0
facility or qualified juvenile facility in which you are employed and teach	Enter your federal Child and Dependent Care Credit from federal Form 2441	PART C - QUALI	TY TEACHER INC	ENTIVE (CREDIT		Enter the N	lame of	Qualif	ied Employer	
Enter amount of tuition paid to: Enter amount of tuition reimbursement. Enter amount of tuition reimbursement. Subtract line 3 from line 2. Maximum Credit. Enter the lesser of line 4 or line 5 here. Total (Add amounts from line 6, for Taxpayers A and B). Enter here and on Part AA, line 3. Enter the amount paid to purchase an aquaculture oyster float(s)	Enter your federal Child and Dependent Care Credit from federal Form 2441	1. Enter the Ma	ryland public school	system o	r a State or local corre	ectional	Taxpayer A			Taxpayer B	
Enter amount of tuition paid to: Enter amount of tuition reimbursement. Enter amount of tuition reimbursement. Subtract line 3 from line 2. Maximum Credit. Enter the lesser of line 4 or line 5 here. Total (Add amounts from line 6, for Taxpayers A and B). Enter here and on Part AA, line 3. Enter the amount paid to purchase an aquaculture oyster float(s)	Enter your federal Child and Dependent Care Credit from federal Form 2441	facility or qua	alified juvenile facility	y in which	n you are employed ar	nd teach 1.			1		
Subtract line 3 from line 2	Enter your federal Child and Dependent Care Credit from federal Form 2441							00	2		0
Subtract line 3 from line 2	Enter your federal Child and Dependent Care Credit from federal Form 2441	3. Enter amoun	t of tuition reimburse	Name o ement	f Institution(s)	3.		00	3		0
Maximum Credit	Enter your federal Child and Dependent Care Credit from federal Form 2441								4.		0
Enter the lesser of line 4 or line 5 here	Enter your federal Child and Dependent Care Credit from federal Form 2441	5. Maximum Cr	edit			5.	150	00 00	5	1500	0
Total (Add amounts from line 6, for Taxpayers A and B). Enter here and on Part AA, line 3	Enter your federal Child and Dependent Care Credit from federal Form 2441							00	6.		0
on Part AA, line 3	Enter your federal Child and Dependent Care Credit from federal Form 2441										
ART D - CREDIT FOR AQUACULTURE OYSTER FLOATS Enter the amount paid to purchase an aquaculture oyster float(s)	Enter your federal Child and Dependent Care Credit from federal Form 2441	`	•		, ,					00	
Enter the amount paid to purchase an aquaculture oyster float(s)	Enter your federal Child and Dependent Care Credit from federal Form 2441										
	Enter your federal Child and Dependent Care Credit from federal Form 2441		-)					
Enter here and on rate 700, time in this deale is inniced occurs.	Enter your federal Child and Dependent Care Credit from federal Form 2441				,	•			1		0
ART F - LONG-TERM CARE INSURANCE CREDIT: (THIS IS A ONE-TIME CREDIT.)	Enter your federal Child and Dependent Care Credit from federal Form 2441										
	Enter your federal Child and Dependent Care Credit from federal Form 2441				•		*				
swer the questions and see instructions below before completing Columns Δ through F for each person	Enter your federal Child and Dependent Care Credit from federal Form 2441	•				olumnis A timough E i	ior each person				
	Enter your federal Child and Dependent Care Credit from federal Form 2441		•			1h. 1 20	003			V	\1 -
whom you paid long-term care insurance premiums.	Enter your federal Child and Dependent Care Credit from federal Form 2441	_			=						
whom you paid long-term care insurance premiums. Justion 1 - Did the insured individual have long-term care insurance prior to July 1, 2000? Yes No	Enter your federal Child and Dependent Care Credit from federal Form 2441	-			ie insured individual in	this year by any oth	ier taxpayer?				
whom you paid long-term care insurance premiums. Jestion 1 - Did the insured individual have long-term care insurance prior to July 1, 2000? Yes No Lestion 2 - Is the credit being claimed for the insured individual in this year by any other taxpayer? Yes No	Enter your federal Child and Dependent Care Credit from federal Form 2441						_				
whom you paid long-term care insurance premiums. Justion 1 - Did the insured individual have long-term care insurance prior to July 1, 2000? Yes No No Justion 3 - Has credit been claimed by anyone for the insured individual in any other tax year? Yes No	Enter your federal Child and Dependent Care Credit from federal Form 2441	-				-	•				No
r whom you paid long-term care insurance premiums. Justion 1 - Did the insured individual have long-term care insurance prior to July 1, 2000? Yes No Justion 2 - Is the credit being claimed for the insured individual in this year by any other taxpayer? Yes No Justion 3 - Has credit been claimed by anyone for the insured individual in any other tax year? Yes No Justion 4 - Is the insured individual for whom the credit is being claimed a nonresident of Maryland? Yes No	Enter your federal Child and Dependent Care Credit from federal Form 2441	Question 4 - Is t	he insured individua	I for whor	m the credit is being c	laimed a nonresident	of Maryland?				No
whom you paid long-term care insurance premiums. Justion 1 - Did the insured individual have long-term care insurance prior to July 1, 2000? Justion 2 - Is the credit being claimed for the insured individual in this year by any other taxpayer? Jestion 3 - Has credit been claimed by anyone for the insured individual in any other tax year? Jestion 4 - Is the insured individual for whom the credit is being claimed a nonresident of Maryland? Yes No you answered YES to any of the above questions, that insured person does NOT qualify for the credit.	Enter your federal Child and Dependent Care Credit from federal Form 2441	Question 4 - Is t If you answered	he insured individual YES to any of the	I for whore above q	m the credit is being c questions, that insur	laimed a nonresident ed person does NO	of Maryland? T qualify for the c	redit.		Yes	No No
whom you paid long-term care insurance premiums. Justion 1 - Did the insured individual have long-term care insurance prior to July 1, 2000? Justion 2 - Is the credit being claimed for the insured individual in this year by any other taxpayer? Jestion 3 - Has credit been claimed by anyone for the insured individual in any other tax year? Jestion 4 - Is the insured individual for whom the credit is being claimed a nonresident of Maryland? Yes No you answered YES to any of the above questions, that insured person does NOT qualify for the credit.	Enter your federal Child and Dependent Care Credit from federal Form 2441	Question 4 - Is t If you answered	he insured individual YES to any of the	I for whore above q	m the credit is being c questions, that insur	laimed a nonresident ed person does NO	of Maryland? T qualify for the c	redit.		Yes	No No
whom you paid long-term care insurance premiums. Justion 1 - Did the insured individual have long-term care insurance prior to July 1, 2000?	Enter your federal Child and Dependent Care Credit from federal Form 2441	Question 4 - Is t If you answered Complete Columns	he insured individual YES to any of the A through D only for	I for whore above quarter insured	m the credit is being c puestions, that insurd d individuals who quali	laimed a nonresident ed person does NO fy for credit. Enter in	of Maryland? T qualify for the c	redit.		Yes	No No
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restion 1 - Did the insured individual have long-term care insurance prior to July 1, 2000? Jestion 2 - Is the credit being claimed for the insured individual in this year by any other taxpayer? Ves No Jestion 3 - Has credit been claimed by anyone for the insured individual in any other tax year? Ves No Jestion 4 - Is the insured individual for whom the credit is being claimed a nonresident of Maryland? Ves No you answered YES to any of the above questions, that insured person does NOT qualify for the credit. Implete Columns A through D only for insured individuals who qualify for credit. Enter in Column E the lesser of the amount of premium paid for ch insured person or: * \$480 for those insured who are 40 or less, as of \$12/31/23\$ * \$500 for those insured who are over age 40, as of \$12/31/23\$ Id the amounts in Column E and enter the total on line 5 (total) and on Part AA, line 5. Column A Name of Qualifying Insured Individual in Social Security No. of Insured Individual in Amount of Premium Paid Individual in Individual in Amount of Premium Paid Individual in Individual individual in Individual in Individual	Enter your federal Child and Dependent Care Credit from federal form 2441	Question 4 - Is to a second to the amounts of the a	TFOR PRESERVATO NOT USE TO THE TOTAL T	I for whore above q for insured those insufer the tole the tole those insufer the tole the to	m the credit is being of puestions, that insured individuals who quality ured who are 40 or less ured who are over age tal on line 5 (total) an Column B Social Security No. of Insured Description o	laimed a nonresident ed person does NO fly for credit. Enter in ss, as of 12/31/23 e 40, as of 12/31/23 d on Part AA, line 5. Column C Relationship to Taxpayer EASEMENTS and any	Column D Amount of Premiu Taxpayer	m Paid 00 00 00 TOTAL	1 2 3 4 5 4 5 5 5	Yes Tof premium paid Column E Credit Amount Taxpayer B	No No No O O O O O O
·	Enter your federal Child and Dependent Care Credit from federal Form 2441	PART E - LONG- Answer the questi for whom you paid Question 1 - Did Question 2 - Is t	TERM CARE INSU ons and see instruct d long-term care insu the insured individu he credit being claim	rance of the control	CREDIT: (THIS IS A w before completing C remiums. ong-term care insurance	ONE-TIME CREDITION olumns A through E for the prior to July 1, 200	f.) for each person 00?			Yes I	
	Enter your federal Child and Dependent Care Credit from federal Form 2441	Enter here ar	nd on Part AA, line 4	1. This cre	edit is limited. See Ins	tructions	<u></u>	<u></u> .	<u>1.</u> _		. (
Enter here and on Part AA, line 4. This credit is limited. See Instructions	Enter your federal Child and Dependent Care Credit from federal Form 2441				,	•					٢
	Enter your federal Child and Dependent Care Credit from federal Form 2441		-			2)					
Enter the amount paid to purchase an aquaculture oyster float(s)	Enter your federal Child and Dependent Care Credit from federal Form 2441										
ART D - CREDIT FOR AQUACULTURE OYSTER FLOATS Enter the amount paid to purchase an aquaculture oyster float(s)	Enter your federal Child and Dependent Care Credit from federal Form 2441	on Part AA, I	ine 3				▶ 7.			00	
ART D - CREDIT FOR AQUACULTURE OYSTER FLOATS Enter the amount paid to purchase an aquaculture oyster float(s)	Enter your federal Child and Dependent Care Credit from federal Form 2441	7. Total (Add ar	mounts from line 6,	for Taxpa	yers A and B). Enter h	nere and					
on Part AA, line 3	Enter your federal Child and Dependent Care Credit from federal Form 2441	5. Enter the les	ser of line 4 or line 5	5 here		6.		00	6		0
Total (Add amounts from line 6, for Taxpayers A and B). Enter here and on Part AA, line 3	Enter your federal Child and Dependent Care Credit from federal Form 2441	5. Maximum Cr	edit			5.	150	00			
Enter the lesser of line 4 or line 5 here	Enter your federal Child and Dependent Care Credit from federal Form 2441										_
Maximum Credit	Enter your federal Child and Dependent Care Credit from federal Form 2441										
Subtract line 3 from line 2	Enter your federal Child and Dependent Care Credit from federal Form 2441	2. Enter amoun	t of tuition paid to:	Name o	of Institution(s)	2.		0			
Enter amount of tuition paid to. Name of Institution(s) Enter amount of tuition reimbursement 3. Subtract line 3 from line 2. Maximum Credit Enter the lesser of line 4 or line 5 here. Total (Add amounts from line 6, for Taxpayers A and B). Enter here and on Part AA, line 3. ART D - CREDIT FOR AQUACULTURE OYSTER FLOATS Enter the amount paid to purchase an aquaculture oyster float(s)	Enter your federal Child and Dependent Care Credit from federal Form 2441										
Enter amount of tuition paid to: Enter amount of tuition reimbursement. Enter amount of tuition reimbursement. Subtract line 3 from line 2. Maximum Credit. Enter the lesser of line 4 or line 5 here. Total (Add amounts from line 6, for Taxpayers A and B). Enter here and on Part AA, line 3. Enter the amount paid to purchase an aquaculture oyster float(s)	Enter your federal Child and Dependent Care Credit from federal Form 2441			•						тахрауег в	
facility or qualified juvenile facility in which you are employed and teach	Enter your federal Child and Dependent Care Credit from federal Form 2441	•				actional		iuiiic oi	Quuiii		
Enter the Maryland public school system or a State or local correctional facility or qualified juvenile facility in which you are employed and teach Enter amount of tuition paid to: Enter amount of tuition reimbursement Name of Institution(s) Enter amount of tuition reimbursement Subtract line 3 from line 2 Maximum Credit Enter the lesser of line 4 or line 5 here. Total (Add amounts from line 6, for Taxpayers A and B). Enter here and on Part AA, line 3 Enter the amount paid to purchase an aquaculture oyster float(s) Taxpayer A Taxpayer B 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Enter your federal Child and Dependent Care Credit from federal Form 2441	. ,	•		,					ied Employer	
Enter the Maryland public school system or a State or local correctional facility or qualified juvenile facility in which you are employed and teach 1. Enter amount of tuition paid to: Enter amount of tuition reimbursement 3. Subtract line 3 from line 2. Maximum Credit 5. Enter the lesser of line 4 or line 5 here. Total (Add amounts from line 6, for Taxpayers A and B). Enter here and on Part AA, line 3. Enter the amount paid to purchase an aquaculture oyster float(s)	Enter your federal Child and Dependent Care Credit from federal Form 2441										(
Multiply line 2 by line 3. Enter here and on Part AA, line 2											
Enter the decimal amount from the chart in the instructions that applies to the amount on line 1	. Liitei vooi jederaladuusted dross liitoille irolli liile 1 ol Forill SOZ										

INCOME TAX CREDITS FOR INDIVIDUALS Attach to your tax return.

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NAME DILIPKUMAR S & PADMABEN D PATEL SSN 762066211

PAF	RT G - RESERVED	XXXXXXXXXX
PAF	RT H - COMMUNITY INVESTMENT TAX CREDIT ** must attach required certification	
This	credit is limited to individual taxpayers who have elected not to claim this credit on Form 500CR. If you have an Excess	s Carryover on Form
500	CR attributable to any credit other than the Community Investment Tax Credit (CITC), you are not eligible to claim the	CITC on Form 502CR
You	must use Form 500CR. Also, PTE members may not elect to use Form 502CR to claim the CITC.	
1.	Enter the amount of Excess CITC Carryover from 2022	
2.	Amount of approved contributions	
3.	Enter 50% of line 2	
4.	Enter the amount from line 3 or \$250,000, whichever is less	
5.	Add line 1 and line 4. Enter the result here and on Part AA, line 8	
PAF	RT I - ENDOW MARYLAND TAX CREDIT **must attach required certification	
This	credit is limited to individual taxpayers who have elected not to claim this credit on Form 500CR.	
1.	Enter the amount of Excess Endow Maryland Tax Credit Carryover from 2022	
2.	Amount of approved donation to a qualified permanent endowment fund	
3.	Enter 25% of line 2	
4.	Enter the amount from line 3 or \$50,000, whichever is less	
5.	Add line 1 and line 4. Enter the result here and on Part AA, line 9	
Not	e: Line 2 of Part I requires an addition to income. See Instruction 12.	
PAF	RT J - PRECEPTORS IN AREAS WITH HEALTH CARE WORKFORCE SHORTAGES TAX CREDIT ** must attach	1
req	uired certification	
1.	Physician Preceptorship Tax Credit: Enter amount certified by Maryland Department of Health	
	(See Instructions for specific requirements.)	
2.	Nurse Practitioner Preceptorship Tax Credit: Enter amount certified by Maryland Department of Health	
	(See Instructions for specific requirements.)	
3.	Physician Assistant Preceptorship Tax Credit: Enter amount certified by Maryland Department of Health	
	(See Instructions for specific requirements)	
4.	Add line 1, 2, and 3. Enter the result here and on Part AA, line 10 4.	
PAF	RT K - INDEPENDENT LIVING TAX CREDIT ** must attach required certification	
1.	Credit (Certified by the Maryland Department of Housing and Community Development)	
	Enter here and on Part AA, line 11	
PAF	RT L - ENDOWMENTS OF MARYLAND HISTORICALLY BLACK COLLEGES AND UNIVERSITIES TAX CREDIT	
	** must attach required certification	
1.	Credit (Certified by the Office of The Comptroller). Enter here and on Part AA line 12	
PAF	RT M - SENIOR TAX CREDIT	
1.	Enter the credit claimed here and on Part AA, line 13 (See Instructions)	1000
PAF	RT AA - INCOME TAX CREDIT SUMMARY	
1.	Enter the amount from Part A, line 13 (If more than one state, see Instructions.)	
2.	Enter the amount from Part B, line 4	
3.	Enter the amount from Part C, line 7	
4.	Enter the amount from Part D, line 1	
5.	Enter the amount from Part E, line 5	
6.	Enter the amount from Part F, line 6	
7.	Reserved	
8.	Enter the amount from Part H, line 5	
9.	Enter the amount from Part I, line 59.	
10.		
11.		
	Enter the amount from Part L, line 1	
	Enter the amount from Part M, line 1	1000
	Total (Add lines 1 through 13.) Enter this amount on line 24 of Form 502; line 14 of Form 504;	
- "	line 34 of Form 505 or line 35 of Form 515	1000
	5 - 5 - 5 - 5 - 5 - 6 - 6 - 6 - 6 - 6 -	

MARYLAND FORM **502CR**

INCOME TAX CREDITS FOR INDIVIDUALS

Attach to your tax return.

23502C313

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NAME DILIPKUMAR S & PADMABEN D PATEL SSN 762066211

PA	RT BB - LOCAL INCOME TAX CREDIT SUMMARY		
1.	Enter the amount from Part A, line 14 (If more than one state, see Instructions.)	. 1	00
	Enter this amount on line 31 of Form 502; line 19 of Form 504.		
PA	RT CC- REFUNDABLE INCOME TAX CREDITS		
1.	Student Loan Debt Relief Tax Credit (See Instructions.). Enter the amount and attach certification	1	00
2.	Heritage Structure Rehabilitation Tax Credit (See Instructions for Form 502S). Attach certification(s)	2	00
3.		your return ele business incon	-
4.	IRC Section 1341 Repayment Credit. (See Instructions and Administrative Release 40.) Attach documentation	4	00
5.	Catalytic Revitalization Projects and Historic Revitalization Tax Credit		
	(See Instructions for required attachments)	5	00
6.	Flow-through Nonresident PTE tax (See Instructions for required attachments.)	6	00
7.	Refundable credit for Child and Dependent Care Expenses. (See Instructions.)	7	00
8.	Refundable Maryland Child Tax Credit (See worksheet 21C Instructions)	8	00
9.	PTE Tax paid on members' distributive or pro rata shares of income	9	00
10.	Total. (Add lines 1 through 9.) Enter this amount on line 43 of Form 502, line 46 of Form 505		
	or line 51 of Form 515	10	00
Pai	t DD- Recapture of Previously Claimed Credit		
1.	Recapture of Student Loan Debt Relief Tax Credit for 2020 (See Instructions). Enter this amount on line 21a of		
	Form 502, line 32d of Form 505, or line 33a of Form 515	1	00