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

Social security number Social security nu	Submis	esion Identification Number (SID)		·			
Spouse's social security number Spouse's social security number Signest arms Signest ar	Taxpaye	r's name	Social secur	ity numb	er		
Part II 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	CHIN	MOY ROY	004-41	-007	7		
Enter whole dollars only on lines 1 through 5. Note: Form 104-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income	Spouse's name Spouse's soci						
Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS files use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1	UTTA	RA MUKHERJEE	809-71	-427	9		
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 1, 603. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 5, 586. 4 Amount you want refunded to you 4 4 3, 983. 5 Amount you want refunded to you 1 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 1 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 besile, it is true, correct, and complete. I hutther declare that I have anounts 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 respectations 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 inflate an ACH electronic truds withdrawal (circat debit) entry to the financial institution account indicated in the preparation software for payment. I must contact the U.S. Treasury Financial Agent to I seed-833-8457. Payment cancellation requests must preparation software for taxes to receive confidential information necessary to answer inquires and resolve issues related to the payment. If unther acknowledge that the personal identification number (Pilly below is my signature for the income tax return (original or amended) I am now authorizing of the electronic payment of the payment. The crecked cancell as the personal identification number (Pilly below is my signature for 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 an	Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you	are au	horizin	g.)	
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2 1, 6.03. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . 3 5, 586. 4 Amount you want refunded to you . 4 3, 983. 5 Amount you want refunded to you . 4 4 3, 983. 5 Amount you owe . 5 7 Amount you want refunded to you . 4 4 3, 983. 5 Amount you want refunded to you . 4 3, 983. 5 Amount you want refunded to you . 4 3, 983. 5 Amount you want refunded to you . 4 3, 983. 5 Amount you want refunded to you . 4 3, 983. 5 Amount you want refunded to you . 4 4 3, 983. 1 Amount you want refunded to you . 4 3, 983. 1 Amount you want refunded to you . 4 4 3, 983. 1 Amount you want refunded to you . 4 4 3, 983. 1 Amount you want refunded to you . 4 4 3, 983. 1 Amount you want refunded to you . 4 3, 983. 1 Amount you want refunded to you . 4 3, 983. 1 Amount you want refunded to you . 4 3, 983. 1 Amount you want refunded to you . 4 3, 983. 1 Amount you want refunded to you . 4 3, 983. 1 Amount you want refunded to you . 4 3, 983. 1 Amount you want refunded to you . 4 4 3, 983. 1 Amount you want refunded to you . 4 4 3, 983. 2 Amount you want refunded to you . 4 4 3, 983. 1 Amount you want refunded to you . 4 4 3, 983. 2 Amount you want refunded to you . 4 4 3, 983. 3 5, 586. 4 Amount you want refunded to you . 4 4 3, 983. 5 Amount you want refunded to you . 4 4 3, 983. 5 Amount you want refunded to you . 4 4 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
Amount you want refunded to you Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Horder penalities of perjuny, 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 all on which it is an income to any dealy in processing the return or refund, and (c) the date of any refund. If applicable, I sulthorize the U.S. Tressury and its designated Financial or any dealy in processing the return or refund, and (c) the date of any refund. If applicable, I sulthorize the U.S. Tressury and its designated Financial Capital or any deal of any refund. If applicable, I sulthorize the U.S. Tressury and its designated Financial Capital or any refund it applicable, I sulthorize the U.S. Tressury and its designated Financial Capital or any refund. If applicable, I sulthorize the U.S. Tressury and its designated Financial Capital or any refund its plant and the payment of responsible or any refund its plant and the U.S. Tressury Financial Agent to terminate the authorization is to remain in full force and effect until I notify the U.S. Tressury Financial Agent to terminate the authorization in the refund and the sulthorization or the incoment (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 or the income tax return (original or amended) I am	1	Adjusted gross income		1	4	3,7	11.
Amount you want refunded to you 5 Amount you owe Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjun; 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 from 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 from the income tax return (original or amended) I am now authorizing, and to the best of my return to the IRS and to recoive from the IRS (a) an acknowledgement of receipt or reason for rejection for the amounts from the IRS (a) an acknowledgement of receipt or reason for rejection to the whole and the complete in the IRS (a) and acknowledgement of receipt or reason for rejection to the whole and the complete in the IRS (a) and acknowledgement of the tax preparation 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 and the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent and the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must be received to the payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment between the personal identification number (PIN) between the personal identification number (PIN) between the personal identification number (PIN) betwee	2	Total tax		2		1,6	03.
S Amount you owe 5 Part III	3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		5,5	86.
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 amendad) I am now authorizing, and to the best of your knowledge and belief, it is true, correct, and complete. Further declare that the amounts in Part I above are the amounts from the income tax return (original or amendad) I am now authorizing. All the service of the I is true, correct, and complete. Further declare that the amounts in Part I above are the amounts from the income tax return (original or amendad) I am now authorizing. In the I is true, correct, and complete. Further declare that the amounts in Part I above are the amounts 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. I fapplicable, it althorize the U.S. Treasury in general Agent to initiate an ACH electronic funds withdrawal (direct debti) 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 institutions 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, of the transmission of the payment (estitlement) 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 resolutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolutions involved in the processing of the electronic payment of taxes to receive confidential information accessary to answer inquiries and resolutions involved in the processing of the electronic payment of the payment of	4	Amount you want refunded to you		4		3,9	83.
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I authorize GLOBAL TAXES LLC ERO firm name 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 GLOBAL TAXES LLC to enter or generate my PIN 1 4 2 7 9 as my Enter five digits, but for enter all zeros I will enter my PIN 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.	return (or to send for any Agent to payment authorize payment business taxes to personal	original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmicture my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejectles in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. In initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indict of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate tt, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requisions graphed by a confidential information necessary to answer inquiries and resolve issues related to the public identification number (PIN) below is my signature for the income tax return (original or amended) I are	tter, or electication of the S. Treasury acated in the note to debit the the authorizests must be processing cayment. I fu	ronic retainsmist and its contains and i	urn originates on, (b) designates oraration so this acrowled root lates of the control of the co	nator the red Fin softwa count e (can ater to paym ge tha	(ERO) eason ancial are for t. This cel) a han 2 ent of at the
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Spouse's PIN: check one box only X authorize GLOBAL TAXES LLC to enter or generate my PIN 1 4 2 7 9 as my Enter five digits, but don't enter all zeros		if you are entering your own PIN and your return is filed using the Practitioner PIN method					
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<u>_</u>	authoriz	ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subm	tting this ref	urn in a	ccordan	ce wi	
<u>_</u>	EDO'a	cianaturo N					
	LNU S	ERO Must Retain This Form — See Instructions					

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

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



1040		artment of the Treasury—Internal Revenue Serv S. Individual Income Ta		rn 20	23	OMB No. 1545-0	074	IRS Use Only	y—Do not v	vrite or sta	aple in this space.
For the year Jan	. 1–Dec	:. 31, 2023, or other tax year beginning		, 202	3, ending		,	20	See se	parate i	instructions.
Your first name	and m	iddle initial	Last nam	ne					Your so	ocial sec	curity number
CHINMOY			ROY						004	41	0077
	oouse's	s first name and middle initial	Last nam	ne					Spouse	's social	security number
UTTARA			MUKHE	ERJEE					809	71	4279
	(numbe	er and street). If you have a P.O. box, see					Ap	t. no.	Preside		ection Campaign
1 TREWOR	THY	RD							Check	here if y	ou, or your
		ce. If you have a foreign address, also co	omplete sp	aces below.	Sta	ate Z	ZIP cod	le			jointly, want \$3
GAITHERS	BURG	3			MI		2087	8			nd. Checking a not change
Foreign country	name		Fo	oreign province/s	state/coun	ty F	oreign	postal code		x or refu	•
										Yo	ou Spouse
Filing Status		Single				Head of hou	ısehol	d (HOH)			
-		Married filing jointly (even if only o	ne had in	come)				,			
Check only one box.		Married filing separately (MFS)		,		☐ Qualifying s	urvivir	g spouse	(QSS)		
one box.	If v	you checked the MFS box, enter the	e name of	your spouse.	If you che			• .	, ,	ild's na	me if the
		alifying person is a child but not you			,			•			
Digital		ny time during 2023, did you: (a) rec	•								
Assets		ange, or otherwise dispose of a dig					? (See	instructio	ns.)	Y€	es 🗵 No
Standard	_	eone can claim:	•		•	a dependent					
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-st	atus alier	1					
Age/Blindness	You:	Were born before January 2, 1	959	Are blind	Spouse	: Was born	before	January	2, 1959		s blind
Dependents	s (see	instructions):		(2) Social se	curity	(3) Relationship	(4)	Check the b	ox if qual	ifies for ((see instructions):
If more	•	irst name Last name		numbe	-	to you		Child tax of	redit	Credit fo	or other dependents
than four											
dependents,											
see instructions and check	s ——										
here											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	instructions)					. 1a	1	43,711.
	b	Household employee wages not re	eported o	n Form(s) W-2	2				. 1k	,	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see inst	tructions) .					. 10	;	
attach Forms	d	Medicaid waiver payments not rep	•	•	see instru	uctions)			. 10	i	
W-2G and 1099-R if tax	е	Taxable dependent care benefits	from Forn	n 2441, line 26					. 16	•	
was withheld.	f	Employer-provided adoption bene	efits from	Form 8839, lin	ne 29 .				. 11	:	
If you did not	g	Wages from Form 8919, line 6.							. 10	,	
get a Form	h	Other earned income (see instruct	ions) .						. 11		0.
W-2, see instructions.	i	Nontaxable combat pay election (see instru	ıctions)		1i					
	z	Add lines 1a through 1h							. 12	<u>.</u>	43,711.
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interest			. 2t	,	
if required.	За	Qualified dividends	3a		b C	Ordinary dividend	ds .		. 3Ł	,	
	4a	IRA distributions	4a		∣ ь⊤	axable amount .			. 4k	,	
Standard Deduction for—	5a	Pensions and annuities	5a		b ⊤	axable amount .			. 5k	,	
Single or	6a	Social security benefits	6a		່ b⊺	axable amount .			. 6k	,	
Married filing separately,	С	If you elect to use the lump-sum e	election m	ethod, check l	_ here (see	instructions) .					
\$13,850	7	Capital gain or (loss). Attach Sche	dule D if i	required. If not	required	, check here .		!	□ 7		
 Married filing jointly or 	8	Additional income from Schedule		•	•	•			. 8		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							. 9		43,711.
\$27,700	10	Adjustments to income from Sche		-					. 10)	
Head of household,	11	Subtract line 10 from line 9. This is							. 11	ı	43,711.
\$20,800	12	Standard deduction or itemized	•	_					. 12		27,700.
If you checked any box under	13	Qualified business income deduct		•	,	95-A			. 13		
Standard Deduction,	14	Add lines 12 and 13							. 14		27,700.
see instructions.	15	Subtract line 14 from line 11. If zer	ro or less.	, enter -0 Thi	s is your	taxable income			. 15		16,011.

Form 1040 (202)	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 4972	з 🗌		16	1,603.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	1,603.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	1,603.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	1,603.
Payments	25	Federal income tax withheld	from:						
-	а	Form(s) W-2				25a	5,586		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	5,586.
If you have a	26	2023 estimated tax payment	s and amount a	pplied from 20)22 return			26	
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	e 15			31			
	32	32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits							
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	5,586.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	3,983.
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	B is attached, chec	k here	🗆	35a	3,983.
Direct deposit?	b	Routing number 0 5 2			,, <u> </u>	Checking	Savings	3	
See instructions.	d	Account number 4 4 6	0 5 4 0	3 1 5 2	1 1				
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24							
You Owe		For details on how to pay, g	_	-				37	
	38	Estimated tax penalty (see in				38			
Third Party		you want to allow another	•						
Designee							•		⊠ No
		signee's me		Phone no.			sonal ider 1ber (PIN)	ntification	
Sign	Un	der penalties of perjury, I declare th	nat I have examined	d this return and	accompanying sched	dules and stateme	nts, and to	the best	of my knowledge and
Here	be	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which					ich prepar	er has any knowledge.	
TICIC	Yo	ur signature		Date Your occupation				nt you an Identity	
					COEMWADE	MOTNEED	I .	otection P e inst.)	IN, enter it here
Joint return? See instructions.		ouse's signature. If a joint return, t	oth must sign	Date	SOFTWARE E		<u>_</u> `		nt your spouse an
Keep a copy for		ouse's signature. If a joint return, i	Jour must sign.	Date	Spouse's occupation	JII			ection PIN, enter it here
your records.					HOME MAKER	_	(se	e inst.)	
	Ph	one no. (240)810-725	2	Email address	CHINMOYROY1	986@GMAIL.C	OM		
Poid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/11/2024	P020	82703	Self-employed
Preparer	Eirm's name ('I ()D () I 'I' () V L'C I (')						one no. (678)965-9522	
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Fir	m's EIN	84-3171965
<u> </u>	/-	40.40 ()							- 1010



e-File DECLARATION FOR ELECTRONIC FILING



2023

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

CHINMOY		ROY	004410077	•
First Name	MI	Last Name	SSN/Taxpayer Id	entification Number
UTTARA		MUKHERJEE	809714279)
Spouse's First Name	MI	Spouse's Last Name	SSN/Taxpayer Id	entification Number
Part I Tax Return Information	n (whole dollars only	y)		
1. Amount of overpayment to be a	oplied to 2024 estimat	ed tax	1	0
2. Amount of overpayment to be re	efunded to you			869 0
3. Total amount due (Pay in full by	April 15, 2024. See in	nstructions.)	▶3	0
Part II Taxpayer Declaration a	nd Signature Author	ization		
Under penalties of perjury, I declar that I provided to my Electronic R agree with the amounts shown on knowledge and belief, my return is statements, be sent to the Marylan software provider.	eturn Originator (ERC the corresponding lin s true, correct and co	 or entered on-line and that es of my 2023 Maryland elect mplete. I consent that my ret 	the name(s) and amounts ronic income tax return. Turn, including accompanying	described above to the best of many of schedules ar
Your PIN: check one box only				
X I authorize GLOBAL TAXES	LLC	to enter or gener	rate my PIN 1 0 0 7 7	Enter five digits Do not enter all
as my signature on my tax yea	ERO firm name		,	zeros.
I will enter my PIN as my signatent entering your own PIN and you Your signature				
Spouse's PIN: check one box on	ly			
X I authorize GLOBAL TAXES	-	to enter or gene	rate my PIN 9 4 9 6 1	Enter five digits Do not enter all zeros.
as my signature on my tax yea	r 2023 electronically f	iled income tax return.		
I will enter my PIN as my signa entering your own PIN and you	ature on my tax year 2 ur return is filed using	023 electronically filed income the Practitioner PIN method. Th	tax return. Check this box one ERO must complete Part	only if you are III below.
Spouse's signature			Date	
	Practitione	r PIN Method Returns Only		
		DTN M II I O I		
Part III Certification and Auther ERO's EFIN/PIN. Enter your six-di		-	2 2 2 4 9 6 0 8 2 7	Do not enter
I certify this numeric entry is my PI taxpayer(s). I confirm that I am sub Maryland MeF Handbook for Authori	mitting this return in			urn for the
			Data 03112024	<u>.</u>
ERO's signature ————————————————————————————————————		DO NOT	Date	
		DO NOI	LIVITI	

MARYLAND FORM 502

RESIDENT INCOME TAX RETURN



2023

\$

Print Using Blue or Black Ink Only	O04410077 Your Social Security Nu CHINMOY Your First Name ROY Your Last Name UTTARA Spouse's First Name MUKHERJEE Spouse's Last Name 1 TREWORTHY	MI MI	Does your name match name on your social security I foot, to ensure get credit for your pers exemptions, contact SS 1-800-772-1213 or visit ssa.gov.	e match the ocial security ensure you ur personal stact SSA at				
_			d Street Name or PO Box)					
				GAITHER	RSBURG	MD	20878	
ı	Current Mailing Address	Line 2 (Apt No., Suite	No., Floor No.)	City or Town		State	ZIP Code + 4	
RE	Foreign Country Name				Foreign	Province/State/County		
oney order to	Foreign Postal Code							
wage and tax staile. Do not attach of tack of tack of tack or mi				GOMERY				
-2 wage and tax aple. Do not att	4 Digit Political Sub	Address Line 1 (Street N	truction 6) Maryland No. and Street Name) (No	Political Subdiv	ision (See Instruction	6)		
ir W-2 wage and tax le staple. Do not att 502 Attach check	4 Digit Political Sub 1 TREWORTH Maryland Physical A Maryland Physical A	HY RD Address Line 1 (Street N	truction 6) Maryland	Political Subdiv PO Box) PO Box)			SZ.	
your W-2 wage and tay h one staple. Do not att orm 502 Attach check	4 Digit Political Sub TREWORTH Maryland Physical A Maryland Physical A GAITHERSBU	HY RD Address Line 1 (Street N	truction 6) Maryland No. and Street Name) (No	Political Subdiv PO Box) PO Box) MD	20878	MONTGOMER	Υ	
Place your W-2 wage and tay with one staple. Do not att	FILING	Address Line 1 (Street No.) Address Line 2 (Apt No.) JRG	truction 6) Maryland No. and Street Name) (No	POlitical Subdiv PO Box) PO Box) MD State	20878 ZIP Code + 4	MONTGOMER Maryland County		
Place your W-2 wage and tay with one staple. Do not att Form 502 Attach check		Address Line 1 (Street Maddress Line 2 (Apt No., JRG 1. Single	No. and Street Name) (No , Suite No., Floor No.) (No	POlitical Subdiv PO Box) PO Box) MD State	20878 ZIP Code + 4 ner person's tax r	MONTGOMER Maryland County		
Place your W-2 wage and tax ————————————————————————————————————	FILING STATUS CHECK ONE BOX ▶ See Instruction 1 if you are	Address Line 1 (Street Maddress Line 2 (Apt No.) JRG 1. Single 2. Married	(If you can be claim	Political Subdiv PO Box) PO Box) MD State ned on anoth	20878 ZIP Code + 4 ner person's tax r d no income	MONTGOMER Maryland County		
Place your W-2 wage and tax statements and ATTACH HERE with one stable. Do not attach check or money order to Form 502. Attach check or money order to Porm DV	FILING STATUS CHECK ONE BOX ► See Instruction	Address Line 1 (Street Maddress Line 2 (Apt No.) JRG 1. Single 2. Married 3. Married	(If you can be claim	Political Subdiv PO Box) PO Box) MD State ned on anoth	20878 ZIP Code + 4 ner person's tax r d no income	MONTGOMER Maryland County		
Place your W-2 wage and tay With one staple. Do not att Form 502 Attach check	FILING STATUS CHECK ONE BOX ▶ See Instruction 1 if you are	Address Line 1 (Street Maddress Line 2 (Apt No.) JRG 1. Single 2. Married 3. Married 4. Head of	(If you can be claim d filing joint return o	Political Subdiv PO Box) PO Box) MD State med on anoth or spouse ha Spouse SSN	20878 ZIP Code + 4 mer person's tax r d no income	MONTGOMER Maryland County		
Place your W-2 wage and tay With one staple. Do not att	FILING STATUS CHECK ONE BOX ▶ See Instruction 1 if you are	Address Line 1 (Street Maddress Line 2 (Apt No.) JRG 1. Single 2. Married 3. Married 4. Head of	(If you can be claim d filing joint return cod filing separately, Sof household	Political Subdiv PO Box) PO Box) MD State ned on anoth or spouse ha Spouse SSN e with deper	20878 ZIP Code + 4 her person's tax r d no income Indent child	MONTGOMER Maryland County return, use Filing S	Status 6.)	
Place your W-2 wage and tay With one staple. Do not att	FILING STATUS CHECK ONE BOX ▶ See Instruction 1 if you are	Address Line 1 (Street Maddress Line 2 (Apt No.) JRG 1. Single 2. Married 4. Head of 5. Qualify 6. Dependent	Maryland No. and Street Name) (No No. and Street Name) (No No. and Street Name) (No (If you can be claim d filing joint return of d filing separately, S of household ving surviving spous dent taxpayer (Enter	Political Subdiv PO Box) PO Box) MD State ed on anoth or spouse ha Spouse SSN e with deper	20878 ZIP Code + 4 her person's tax r d no income Indent child potion Box (A) - S	MONTGOMER Maryland County Teturn, use Filing S See Instruction 7.)	Status 6.)	

RESIDENT INCOME TAX RETURN



2023 Page 2

Name CHINMOY	ROY & UTTARA MUKHERJEE SSN004410077		
EXEMPTIONS See Instruction 10. Check appropriate box(es). NOTE: If you are claiming	A. ▶ X Yourself ▶ X Spouse Enter number checked 2 See Instruction 10 A. \$	6400	00
dependents, you must attach the Dependents'	▶ Blind ▶ Blind Enter number checked X \$1,000		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.) ▶ 2 Total Amount D. \$	6400	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	Check here I in your spouse does not have health care coverage. Dob (him/dd/yyyy)		
See Instruction 3.	Check here I authorize the Comptroller of Maryland to share information from this tax return of Maryland Health Connection for the purpose of determining pre-eligibility for no-column-cost health care coverage.		
	E-mail address		
	1. Adjusted grass income from your federal return	43711	00
INCOME	1. Adjusted gross income from your federal return	43/11	
See Instruction 11.	1b. Earned income		
	1c. Capital Gain or (loss)		
	1d. Taxable Pensions, IRAs, Annuities (Attach Form 502R.) ▶ 1d. ()()		
	1e. Place a "Y" in this box if the amount of your investment income is more than \$11,000▶		
-			00
ADDITIONS	2. Tax-exempt interest on state and local obligations (bonds) other than Maryland 2.		00
ADDITIONS TO MARYLAND	3. State retirement pickup		00
INCOME	4. Lump sum distributions (from worksheet in Instruction 12.) ▶ 4		00
See Instruction 12.	5. Other additions (Enter code letter(s) from Instruction 12.)		00
	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.) 7.		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 MARYLAND			00
INCOME			00
See Instruction 13.	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
	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.)	43711	00
	All taxpayers must select one method and check the appropriate box.		
	X STANDARD DEDUCTION METHOD (Enter amount on line 17.)		
DEDUCTION	ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.)		
METHOD	17a. Total federal itemized deductions (from line 17, federal Schedule A) . ▶ 17a.	00	
See Instruction 16.	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 (I and m).) ▶ 17.	5150	00
	18. Net income (Subtract line 17 from line 16.)	38561	00
	19. Exemption amount from Exemptions area (See Instruction 10.)	6400	00
	20. Taxable net income (Subtract line 19 from line 18.)	32161	00
	· · · · · · · · · · · · · · · · · · ·		

MARYLAND **FORM** 502

RESIDENT INCOME TAX RETURN



2023 Page 3

1476	. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II)	
	a. Recaptured credit from Part DD, line 1 of Form 502CR. (Attach Form 502CR)	
	Earned income credit (EIC) (See Instruction 18.) ≥ 22	
	Check this box if you are claiming the Maryland Earned Income Credit, but do not qualify for the federal Earned Income Credit.	OMPUTATION
	Check this box if you are claiming the Maryland Earned Income Credit with a qualifying child.	
	. Poverty level credit (See Instruction 18.)	
	. Other income tax credits for individuals from Part AA, line 14 of Form 502CR (Attach Form 502CR.) 24.	
edits on Form 500	. Business tax credits You must file this form electronically to claim business tax cre	
	. Total credits (Add lines 22 through 25.)	
1476	. Maryland tax after credits (Add lines 21 and 21a, then subtract line 26.) If less than 0, enter 0.27.	
	Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by	
1029	your local tax rate .0 0320 or use the Local Tax Worksheet	MPUTATION
	Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) 29.	
	. Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) 30.	
	Local tax credit from Part BB, line 1 of Form 502CR (Attach Form 502CR.)	
	. Total credits (Add lines 29 through 31.)	
1029	Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0	
2505	Total Maryland and local tax (Add lines 27 and 33.)	
00	. Contribution to Chesapeake Bay and Endangered Species Fund ▶ 35.	NTRIBUTIONS
00	. Contribution to Developmental Disabilities Services and Support Fund ▶ 36.	
00	. Contribution to Maryland Cancer Fund	
00	. Contribution to Fair Campaign Financing Fund ▶ 38	
2505	. Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.) . 39.	
2274	. Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms	
3374	and attach if MD tax is withheld.)	
	. 2023 estimated tax payments, amount applied from 2022 return, payment made	
	with an extension request, and Form MW506NRS	
	. Refundable earned income credit (from worksheet in Instruction 21)	
	. 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. —	
3374	. Total payments and credits (Add lines 40 through 43.)	
	. Balance due (If line 39 is more than line 44, subtract line 44 from line 39.	
869	See Instruction 22.)	
	. Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.)	
•	. Amount of overpayment TO BE APPLIED TO 2024 ESTIMATED TAX	
0.50	. Amount of overpayment TO BE REFUNDED TO YOU	FUND
869	(Subtract line 47 from line 46.) See line 51	
	. Check here if you are attaching Form 502UP. Enter interest charges from line 18,	
	or for late filing or homebuyer withdrawal penalty ▶ 49	OUNT DUE
	. TOTAL AMOUNT DUE (Add lines 45 and 49.)	MOUNT DUE
	IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV > 50.	

MARYLAND **FORM**

RESIDENT INCOME TAX RETURN



2023 Page 4

CHINMOY ROY & HTTARA MIKHERJEE

004410077

Name CITTIVIOT 1001 & OTTIMUT HORITIM	<u> </u>	SSN OOTITOOTT	
DIRECT DEPOSIT OF REFUND (See Instruct			
are requesting direct deposit of your refund, co	omplete the foll	lowing. To split your Direct Deposit,	, use Form 588.
Check here if you authorize the State	of Maryland to	o issue your refund by direct deposit.	
Check here if this refund will go to an	account outsic	de of the United States.	
51a. Type of account: ► X Checking	Savings	51b. Routing Number (9-digits) ▶	052001633
51c. Account Number ► 4460540	31511		
51d. Name(s) as it appears on the bank accou	unt		
2408107252 Daytime telephone no. Home telephone	e no.	•	CODE NUMBERS (3 digits per line)
Check here if you authorize your prepared not to file electronically. Check here ▶ if your prepared if you have been detailed.			ou authorize your paid preparer
Under penalties of perjury, I declare that I have the best of my knowledge and belief it is true, based on all information of which the preparer	correct and cor	mplete. If prepared by a person other t	
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 add	dress
SYAM PRIYA RAM SAGAR GUPTA TALL	AM	E BRUNSWICK NJ 08816	
Signature of preparer other than taxpayer (Required by La	ıw)	City, State, ZIP Code + 4	

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

▶ P02082703

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

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