

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

Taxpayer's name MEGHANA CHIGURUPATI	Social security number 653-75-2518
Spouse's name	Spouse's social security number

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

Enter whole dollars only on lines 1 through 5.

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

1	Adjusted gross income	82,460.
2	Total tax	10,405.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	10,726.
4	Amount you want refunded to you	321.
5	Amount you owe	

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

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

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

5	2	5	1	8
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ Meghana Date ▶ _____

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN

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 as my signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

2	2	2	4	9	6	0	8	2	7	1
---	---	---	---	---	---	---	---	---	---	---

 Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

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

Your first name and middle initial MEGHANA Last name CHIGURUPATI Your social security number 653 75 2518

If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 12402 GREAT PARK CIR 201 Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code GERMANTOWN MD 20876 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

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

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

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

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

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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents

Income section table with rows 1a through 1z and columns for amounts and taxable amounts

Table with rows 2a through 6a and columns for taxable interest, ordinary dividends, and taxable amounts

Table with rows 7 through 15 and columns for total income, adjusted gross income, standard deduction, and taxable income

Table with columns for line numbers (16-24), descriptions (Tax and Credits), and amounts. Total tax is 10,405.

Table for Payments (lines 25-33). Includes federal income tax withheld (10,726) and total payments (10,726).

Table for Refund (lines 34-36). Shows overpaid amount of 321 and amount applied to 2024 estimated tax.

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

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

Sign Here section with declaration and signature lines for taxpayer and preparer.

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



**PERSONAL TAX PAYMENT
VOUCHER FOR FORM
502/505, ESTIMATED TAX
AND EXTENSIONS**



23PTPV013

Print Using Blue or Black Ink Only. Use only one PV per payment type.

653752518

Your Social Security Number

If Joint Return, Spouse's Social Security Number

MEGHANA

Your First Name

MI

CHIGURUPATI

Your Last name

If Joint Return, Spouse's First Name

MI

Spouse's Last Name

12402 GREAT PARK CIR

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

201

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

GERMANTOWN

City or Town

MD

State

20876

ZIP Code +4

PAYMENT TYPE

Check **ONLY** one box (1,2,3, or 4) for type of payment. If Box 1 is checked, also check box 1a., if **first time** estimated filer or if **filing status** has changed.

- 1. Estimated Payment/Quarterly (502D) Tax Year: **2024**
- 1a. First time filer or change in filing status
- 2. Extension Payment (502E) Tax Year:
- 3. Payment with resident return (502) Tax Year:
- 4. Payment with nonresident return (505) Tax Year:

PAYMENT AMOUNT

Amount you are paying by check or money order.

129 00

Dollars

Cents

Make your check or money order payable to **Comptroller of Maryland**. Include on your check or money order: your social security number or individual taxpayer identification number, tax year, and tax type. Failure to include this information will delay the processing of your payment. Mail to:

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

ATTACH CHECK OR MONEY ORDER HERE WITH ONE STAPLE.



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502/505, ESTIMATED TAX
AND EXTENSIONS**



23PTPV013

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653752518

Your Social Security Number

If Joint Return, Spouse's Social Security Number

MEGHANA

Your First Name

MI

CHIGURUPATI

Your Last name

If Joint Return, Spouse's First Name

MI

Spouse's Last Name

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- 1a. First time filer or change in filing status
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- 4. Payment with nonresident return (505) Tax Year:

PAYMENT AMOUNT

Amount you are paying by check or money order.

129 00

Dollars

Cents

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653752518

Your Social Security Number

If Joint Return, Spouse's Social Security Number

MEGHANA

Your First Name

MI

CHIGURUPATI

Your Last name

If Joint Return, Spouse's First Name

MI

Spouse's Last Name

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City or Town

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State

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ZIP Code +4

PAYMENT TYPE

Check **ONLY** one box (1,2,3, or 4) for type of payment. If Box 1 is checked, also check box 1a., if **first time** estimated filer or if **filing status** has changed.

- 1. Estimated Payment/Quarterly (502D) Tax Year: **2024**
- 1a. First time filer or change in filing status
- 2. Extension Payment (502E) Tax Year:
- 3. Payment with resident return (502) Tax Year:
- 4. Payment with nonresident return (505) Tax Year:

PAYMENT AMOUNT

Amount you are paying by check or money order.

129 00

Dollars

Cents

Make your check or money order payable to **Comptroller of Maryland**. Include on your check or money order: your social security number or individual taxpayer identification number, tax year, and tax type. Failure to include this information will delay the processing of your payment. Mail to:

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Payment Processing
PO Box 8888
Annapolis, MD 21401-8888

ATTACH CHECK OR MONEY ORDER HERE WITH ONE STAPLE.



**PERSONAL TAX PAYMENT
VOUCHER FOR FORM
502/505, ESTIMATED TAX
AND EXTENSIONS**



23PTPV013

Print Using Blue or Black Ink Only. Use only one PV per payment type.

653752518

Your Social Security Number

If Joint Return, Spouse's Social Security Number

MEGHANA

Your First Name

MI

CHIGURUPATI

Your Last name

If Joint Return, Spouse's First Name

MI

Spouse's Last Name

12402 GREAT PARK CIR

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

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

GERMANTOWN

City or Town

MD

State

20876

ZIP Code +4

PAYMENT TYPE

Check **ONLY** one box (1,2,3, or 4) for type of payment. If Box 1 is checked, also check box 1a., if **first time** estimated filer or if **filing status** has changed.

- 1. Estimated Payment/Quarterly (502D) Tax Year: **2024**
- 1a. First time filer or change in filing status
- 2. Extension Payment (502E) Tax Year:
- 3. Payment with resident return (502) Tax Year:
- 4. Payment with nonresident return (505) Tax Year:

PAYMENT AMOUNT

Amount you are paying by check or money order.

129 00

Dollars

Cents

Make your check or money order payable to **Comptroller of Maryland**. Include on your check or money order: your social security number or individual taxpayer identification number, tax year, and tax type. Failure to include this information will delay the processing of your payment. Mail to:

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

ATTACH CHECK OR MONEY ORDER HERE WITH ONE STAPLE.



231010013

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

Print Using Blue or Black Ink Only.

MEGHANA CHIGURUPATI 653752518
First Name MI Last Name SSN/Taxpayer Identification Number
Spouse's First Name MI Spouse's Last Name SSN/Taxpayer Identification Number

Part I Tax Return Information (whole dollars only)

- 1. Amount of overpayment to be applied to 2024 estimated tax 1. 00
2. Amount of overpayment to be refunded to you REFUND 2. 92 00
3. Total amount due (Pay in full by April 15, 2024. See instructions.) 3. 00

Part II Taxpayer Declaration and Signature Authorization

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

Your PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter or generate my PIN 5 2 5 1 8 as my signature on my tax year 2023 electronically filed income tax return.

Enter five digits. Do not enter all zeros.

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

Your signature Date

Spouse's PIN: check one box only

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

Enter five digits. Do not enter all zeros.

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

Spouse's signature Date

Practitioner PIN Method Returns Only

Part III Certification and Authentication - Practitioner PIN Method Only

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

Do not enter all zeros.

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

ERO's signature Date 03242024

DO NOT MAIL



235020013

\$

OR FISCAL YEAR BEGINNING _____ 2023, ENDING _____

653752518
Your Social Security Number Spouse's Social Security Number

MEGHANA
Your First Name MI

CHIGURUPATI
Your Last Name
Spouse's First Name MI
Spouse's Last Name
Does your name match the name on your social security card? If not, to ensure you get credit for your personal exemptions, contact SSA at 1-800-772-1213 or visit ssa.gov.

12402 GREAT PARK CIR
Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

201 GERMANTOWN MD 20876
Current Mailing Address Line 2 (Apt No., Suite No., Floor No.) City or Town State ZIP Code + 4

Foreign Country Name Foreign Province/State/County

Foreign Postal Code

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

1600 MONTGOMERY
4 Digit Political Subdivision Code (See Instruction 6) Maryland Political Subdivision (See Instruction 6)
12402 GREAT PARK CIR
Maryland Physical Address Line 1 (Street No. and Street Name) (No PO Box)
201
Maryland Physical Address Line 2 (Apt No., Suite No., Floor No.) (No PO Box)
GERMANTOWN MD 20876 MONTGOMERY
City State ZIP Code + 4 Maryland County

FILING STATUS

CHECK ONE BOX

See Instruction 1 if you are required to file.

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

PART-YEAR RESIDENT

See Instruction 26.

Dates of Maryland Residence (MM DD YYYY) FROM TO

Other state of residence:

If you began or ended legal residence in Maryland in 2023 place a P in the box.
MILITARY: If you or your spouse has non-Maryland military income, place an M in the box.

Enter Military Income amount here:



235020113

Name MEGHANA CHIGURUPATI

SSN 653752518

EXEMPTIONS

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

A. **Yourself** **Spouse** Enter number checked See Instruction 10 **A. \$** 3200 00

B. 65 or over 65 or over

Blind Blind Enter number checked X \$1,000 **B. \$** _____ 00

C. Enter number from line 3 of Dependent Form 502B See Instruction 10 **C. \$** _____ 00

D. Enter Total Exemptions (Add A, B and C.) **Total Amount. D. \$** 3200 00

MARYLAND HEALTH CARE COVERAGE

See Instruction 3.

Check here If you do not have health care coverage DOB (mm/dd/yyyy)

Check here If your spouse does not have health care coverage DOB (mm/dd/yyyy)

Check here I authorize the Comptroller of Maryland to share information from this tax return with Maryland Health Connection for the purpose of determining pre-eligibility for no-cost or low-cost health care coverage.

E-mail address

INCOME

See Instruction 11.

1. Adjusted gross income from your federal return **1.** 82460 00

1a. Wages, salaries and/or tips **1a.** 82371 00

1b. Earned income **1b.** _____ 00

1c. Capital Gain or (loss) **1c.** _____ 00

1d. Taxable Pensions, IRAs, Annuities (**Attach Form 502R.**) **1d.** _____ 00

1e. Place a "Y" in this box if the amount of your investment income is more than \$11,000 . . .

ADDITIONS TO MARYLAND INCOME

See Instruction 12.

2. Tax-exempt interest on state and local obligations (bonds) other than Maryland **2.** _____ 00

3. State retirement pickup **3.** _____ 00

4. Lump sum distributions (from worksheet in Instruction 12.) **4.** _____ 00

5. Other additions (Enter code letter(s) from Instruction 12.) **5.** _____ 00

6. Total additions (Add lines 2 through 5. See instructions.) **6.** _____ 00

7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.) **7.** 82460 00

SUBTRACTIONS FROM MARYLAND INCOME

See Instruction 13.

8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 **8.** _____ 00

9. Child and dependent care expenses **9.** _____ 00

10a. Pension exclusion from worksheet (13A) **Yourself** **Spouse** **10a.** _____ 00

10b. Ranger pension exclusion from worksheet (13E) **Yourself** **Spouse** **10b.** _____ 00

11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 **11.** _____ 00

12. Income received during period of nonresidence (See Instruction 26.) **12.** _____ 00

13. Subtractions from attached Form 502SU **13.** _____ 00

14. Two-income subtraction from worksheet in Instruction 13 **14.** _____ 00

15. Total subtractions (Add lines 8 through 14. See instructions.) **15.** _____ 00

16. Maryland adjusted gross income (Subtract line 15 from line 7.) **16.** 82460 00

DEDUCTION METHOD

See Instruction 16.

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

STANDARD DEDUCTION METHOD (Enter amount on line 17.)

ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.)

17a. Total federal itemized deductions (from line 17, federal Schedule A) **17a.** _____ 00

17b. State and local income taxes (See Instruction 14.) **17b.** _____ 00

Subtract line 17b from line 17a and enter amount on line 17.

17. Deduction amount (Part-year residents see Instruction 26 (l and m).) **17.** 2550 00

18. Net income (Subtract line 17 from line 16.) **18.** 79910 00

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

20. Taxable net income (Subtract line 19 from line 18.) **20.** 76710 00



235020213

Name MEGHANA CHIGURUPATI SSN 653752518

MARYLAND TAX COMPUTATION	21. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II) 21. _____ 3592 00
	21a. Recaptured credit from Part DD, line 1 of Form 502CR. (Attach Form 502CR) 21a. _____ 00
	22. Earned income credit (EIC) (See Instruction 18.) ▶ 22. _____ 00
	<input type="checkbox"/> Check this box if you are claiming the Maryland Earned Income Credit, but do not qualify for the federal Earned Income Credit.
	<input type="checkbox"/> Check this box if you are claiming the Maryland Earned Income Credit with a qualifying child.
	23. Poverty level credit (See Instruction 18.) ▶ 23. _____ 00
	24. Other income tax credits for individuals from Part AA, line 14 of Form 502CR (Attach Form 502CR.) 24. _____ 00
25. Business tax credits. You must file this form electronically to claim business tax credits on Form 500CR.	
26. Total credits (Add lines 22 through 25.) 26. _____ 00	
27. Maryland tax after credits (Add lines 21 and 21a, then subtract line 26.) If less than 0, enter 0.27. _____ 3592 00	
LOCAL TAX COMPUTATION	28. Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by your local tax rate .0 0320 or use the Local Tax Worksheet 28. _____ 2455 00
	29. Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) . . 29. _____ 00
	30. Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) . . . 30. _____ 00
	31. Local tax credit from Part BB, line 1 of Form 502CR (Attach Form 502CR.) 31. _____ 00
	32. Total credits (Add lines 29 through 31.) 32. _____ 00
	33. Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0. 33. _____ 2455 00
34. Total Maryland and local tax (Add lines 27 and 33.) 34. _____ 6047 00	
CONTRIBUTIONS See Instruction 20.	35. Contribution to Chesapeake Bay and Endangered Species Fund ▶ 35. _____ 00
	36. Contribution to Developmental Disabilities Services and Support Fund ▶ 36. _____ 00
	37. Contribution to Maryland Cancer Fund. ▶ 37. _____ 00
	38. Contribution to Fair Campaign Financing Fund ▶ 38. _____ 00
39. Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.) . 39. _____ 6047 00	
	40. Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms and attach if MD tax is withheld.) ▶ 40. _____ 6139 .
	41. 2023 estimated tax payments, amount applied from 2022 return, payment made with an extension request, and Form MW506NRS ▶ 41. _____ .
	42. Refundable earned income credit (from worksheet in Instruction 21) ▶ 42. _____ .
	43. Refundable income tax credits from Part CC, line 10 of Form 502CR (Attach Form 502CR and/or Schedule K-1 (Forms 510/511), if applicable. See Instruction 21.) 43. _____ .
	44. Total payments and credits (Add lines 40 through 43.) 44. _____ 6139 .
	45. Balance due (If line 39 is more than line 44, subtract line 44 from line 39. See Instruction 22.) ▶ 45. _____ .
	46. Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.) ▶ 46. _____ 92 .
REFUND	47. Amount of overpayment TO BE APPLIED TO 2024 ESTIMATED TAX ▶ 47. _____ .
	48. Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 47 from line 46.) See line 51 REFUND ▶ 48. _____ 92 .
AMOUNT DUE	49. Check here <input type="checkbox"/> if you are attaching Form 502UP. Enter interest charges from line 18, _____ or for late filing _____ or homebuyer withdrawal penalty _____ ▶ 49. _____ .
	50. TOTAL AMOUNT DUE (Add lines 45 and 49.) IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV. ▶ 50. _____ .



235020313

Name MEGHANA CHIGURUPATI SSN 653752518

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

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

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

51a. Type of account: ▶ Checking Savings **51b.** Routing Number (9-digits) ▶ 041000124

51c. Account Number ▶ 4149651651

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

▶ 2028157683 _____
Daytime telephone no. Home telephone no. CODE NUMBERS (3 digits per line)

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

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

Your signature Date

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

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

Spouse's signature Date

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

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

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.