

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: NEELIKA Last name: LNU Your social security number: 646 47 0113

Home address: 2201 4TH AVENUE SEATTLE WA 98121 Presidential Election Campaign: You [] Spouse []

Filing Status: [X] Single [] Married filing jointly [] Married filing separately [] Head of household [] Qualifying surviving spouse

Digital Assets: At any time during 2023, did you: (a) receive... or (b) sell, exchange, or otherwise dispose...? [] Yes [X] No

Standard Deduction: Someone can claim: [] You as a dependent [] Your spouse as a dependent [] Spouse itemizes on a separate return

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) 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 tax-exempt interest, qualified dividends, IRA distributions, pensions and annuities, social security benefits

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

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	27,578.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	27,578.
	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	27,578.
	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	27,578.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	31,693.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	31,693.
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC) <input type="checkbox"/> No	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	31,693.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,115.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	4,115.
Direct deposit? See instructions.	b	Routing number 054000030 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 5365905403		
	36	Amount of line 34 you want applied to your 2024 estimated tax	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes.** Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____	Date _____	Your occupation PRIVATE JOB	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign. _____	Date _____	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (301) 606-0052 Email address NEELIKA24@GMAIL.COM

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA	Date 03/26/2024	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816			Phone no. (678) 965-9522
Firm's EIN				

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **01**

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

NEELIKA LNU

Your social security number

646-47-0113

Part I Additional Income

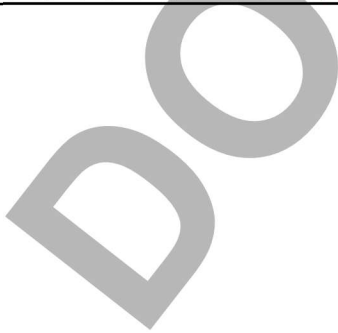
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions): _____			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	0.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
a	Net operating loss	8a ()		
b	Gambling	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
e	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
o	Section 951A(a) inclusion (see instructions)	8o		
p	Section 461(l) excess business loss adjustment	8p		
q	Taxable distributions from an ABLÉ account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount: _____	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	0.

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

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

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



**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

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

OMB No. 1545-0074

2023
Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service

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

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

Name(s) shown on return

NEELIKA LNU

Your social security number

646-47-0113

Part I Income or Loss From Rental Real Estate and Royalties

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

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

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

A 50, AAKRITI APARTMENTS IP EXTENSION PATPARGANJ, DELHI IN 110092

B
C

1b Type of Property (from list below)

A 3
B
C

2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.

Fair Rental Days

Personal Use Days

QJV

A 365
B
C

0

Type of Property:

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

Income:

3 Rents received **3** 745.
4 Royalties received **4**

Expenses:

5 Advertising **5**
6 Auto and travel (see instructions) **6**
7 Cleaning and maintenance **7** 2,315.
8 Commissions **8**
9 Insurance **9**
10 Legal and other professional fees **10**
11 Management fees **11** 1,024.
12 Mortgage interest paid to banks, etc. (see instructions) **12**
13 Other interest **13**
14 Repairs **14** 3,412.
15 Supplies **15** 2,965.
16 Taxes **16**
17 Utilities **17** 1,524.
18 Depreciation expense or depletion **18**
19 Other (list) **19**
20 Total expenses. Add lines 5 through 19 **20** 11,240.
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file **Form 6198** **21** -10,495.
22 Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions) **22** (0.)

Properties:

	A	B	C
3	745.		
4			
5			
6			
7	2,315.		
8			
9			
10			
11	1,024.		
12			
13			
14	3,412.		
15	2,965.		
16			
17	1,524.		
18			
19			
20	11,240.		
21	-10,495.		
22	(0.)		
23a		745.	
23b			
23c			
23d			
23e		11,240.	

23a Total of all amounts reported on line 3 for all rental properties **23a**
b Total of all amounts reported on line 4 for all royalty properties **23b**
c Total of all amounts reported on line 12 for all properties **23c**
d Total of all amounts reported on line 18 for all properties **23d**
e Total of all amounts reported on line 20 for all properties **23e**

24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses **24**
25 **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here **25** (0.)
26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 **26** 0.

Passive Activity Loss Limitations

See separate instructions.

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

Go to www.irs.gov/Form8582 for instructions and the latest information.

Name(s) shown on return
 NEELIKA LNU

Identifying number
 646-47-0113

Part I 2023 Passive Activity Loss

Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a Activities with net income (enter the amount from Part IV, column (a))	1a		
b Activities with net loss (enter the amount from Part IV, column (b))	1b	()	
c Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	()	
d Combine lines 1a, 1b, and 1c			1d

All Other Passive Activities

2a Activities with net income (enter the amount from Part V, column (a))	2a	0.	
b Activities with net loss (enter the amount from Part V, column (b))	2b	(-10,495.)	
c Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	()	
d Combine lines 2a, 2b, and 2c			2d -10,495.

3 Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used			3 -10,495.
--	--	--	-------------------

- If line 3 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

4 Enter the smaller of the loss on line 1d or the loss on line 3	4	
5 Enter \$150,000. If married filing separately, see instructions	5	
6 Enter modified adjusted gross income, but not less than zero. See instructions Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.	6	
7 Subtract line 6 from line 5	7	
8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	8	
9 Enter the smaller of line 4 or line 8. If line 3 includes any CRD, see instructions	9	0.

Part III Total Losses Allowed

10 Add the income, if any, on lines 1a and 2a and enter the total	10	0.
11 Total losses allowed from all passive activities for 2023. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11	0.

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Total. Enter on Part I, lines 1a, 1b, and 1c					

For Paperwork Reduction Act Notice, see instructions.

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
50, AAKRITI APARTMENTS	0.	10,495.			10,495.
Total. Enter on Part I, lines 2a, 2b, and 2c	0.	10,495.			

Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
Total			1.00		

Part VII Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
50, AAKRITI APARTMENTS	E Ln 22	10,495.	1.00000000	10,495.
Total		10,495.	1.00	10,495.

Part VIII Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
50, AAKRITI APARTMENTS	E Ln 22	10,495.	10,495.	0.
Total		10,495.	10,495.	0.



23PTPV013

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

646470113

Your Social Security Number

If Joint Return, Spouse's Social Security Number

NEELIKA

Your First Name

MI

LNU

Your Last name

If Joint Return, Spouse's First Name

MI

Spouse's Last Name

2201 4TH AVENUE

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

609

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

SEATTLE

City or Town

WA

State

98121

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.

191 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.



23PTPV013

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

646470113

Your Social Security Number

If Joint Return, Spouse's Social Security Number

NEELIKA

Your First Name

MI

LNU

Your Last name

If Joint Return, Spouse's First Name

MI

Spouse's Last Name

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SEATTLE

City or Town

WA
State

98121
ZIP Code +4

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- 4. Payment with nonresident return (505) Tax Year:

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191 00
Dollars Cents

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646470113

Your Social Security Number

If Joint Return, Spouse's Social Security Number

NEELIKA

Your First Name

MI

LNU

Your Last name

If Joint Return, Spouse's First Name

MI

Spouse's Last Name

2201 4TH AVENUE

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.)

SEATTLE

City or Town

WA

State

98121

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.

191 00

Dollars

Cents

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

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23PTPV013

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646470113

Your Social Security Number

If Joint Return, Spouse's Social Security Number

NEELIKA

Your First Name

MI

LNU

Your Last name

If Joint Return, Spouse's First Name

MI

Spouse's Last Name

2201 4TH AVENUE

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

609

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

SEATTLE

City or Town

WA

State

98121

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.

191 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.



235020013

\$

OR FISCAL YEAR BEGINNING _____ 2023, ENDING _____

646470113

Your Social Security Number

Spouse's Social Security Number

NEELIKA

Your First Name

MI

LNU

Your Last Name

Does your name match the name on your social security card? If not, to ensure you get credit for your personal exemptions, contact SSA at 1-800-772-1213 or visit **ssa.gov**.

Spouse's First Name

MI

Spouse's Last Name

2201 4TH AVENUE

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

609

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

SEATTLE

City or Town

WA

State

98121

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

4 Digit Political Subdivision Code (See Instruction 6)

MONTGOMERY

Maryland Political Subdivision (See Instruction 6)

11680 DRUMCASTLE TERRACE

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

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

GERMANTOWN

City

MD

State

20876

ZIP Code + 4

MONTGOMERY

Maryland County

FILING STATUS

CHECK ONE BOX

See Instruction 1 if you are required to file.

- 1. 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 NEELIKA LNU

SSN 646470113

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. \$** _____ **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. \$** _____ **0 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.** _____ **156257 00**

1a. Wages, salaries and/or tips **1a.** _____ **156257 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.** _____ **156257 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.** _____ **156257 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.** _____ **153707 00**

19. Exemption amount from Exemptions area (See Instruction 10.) **19.** _____ **0 00**

20. Taxable net income (Subtract line 19 from line 18.) **20.** _____ **153707 00**



235020213

Name NEELIKA LNU

SSN 646470113

MARYLAND TAX COMPUTATION	21. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II) 21. _____ 7464 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. _____ 7464 00	
LOCAL TAX COMPUTATION	28. Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by your local tax rate .0320 or use the Local Tax Worksheet 28. _____ 4919 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. _____ 4919 00
CONTRIBUTIONS See Instruction 20.	34. Total Maryland and local tax (Add lines 27 and 33.) 34. _____ 12383 00
	35. Contribution to Chesapeake Bay and Endangered Species Fund ▶ 35. _____ 00
	36. Contribution to Developmental Disabilities Services and Support Fund ▶ 36. _____ 00
	37. Contribution to Maryland Cancer Fund. ▶ 37. _____ 00
38. Contribution to Fair Campaign Financing Fund ▶ 38. _____ 00	
39. Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.) . 39. _____ 12383 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. _____ 12857 .
	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. _____ 12857 .
	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. _____ 474 .	
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. _____ 474 .
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 NEELIKA LNU SSN 646470113

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) ▶ 054000030

51c. Account Number ▶ 5365905403

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

▶ _____ 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 _____ 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 _____ E BRUNSWICK NJ 08816 _____
Signature of preparer other than taxpayer (Required by Law) 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

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.

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