



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.

SURENDRA First Name

MI

RASAMSETTI Last Name

803646605 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. 258 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 6 6 0 5 as my signature on my tax year 2023 electronically filed income tax return.

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

Your signature Date

Spouse's PIN: check one box only

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

[ ] I will enter my PIN as my signature on my tax year 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 6 1 9 8 9

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

DO NOT MAIL

**MARYLAND  
FORM  
502**

**RESIDENT INCOME  
TAX RETURN**



235020013

**2023**

OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2023, ENDING \_\_\_\_\_

803646605  
Your Social Security Number      Spouse's Social Security Number

SURENDRA  
Your First Name      MI

RASAMSETTI  
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**.

14416 PARKVALE ROAD  
Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

APT - 1      ROCKVILLE      MD      20853  
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)

14416 PARKVALE ROAD  
Maryland Physical Address Line 1 (Street No. and Street Name) (No PO Box)

APT - 1  
Maryland Physical Address Line 2 (Apt No., Suite No., Floor No.) (No PO Box)

ROCKVILLE      MD      20853      MONTGOMERY  
City      State      ZIP Code + 4      Maryland County

Print Using Blue or Black Ink Only

Place your W-2, wage and tax statements and ATTACH HERE with one staple. Do not attach check or money order to Form 502. Attach check or money order to Form PV.

**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** 05012023 **TO** 12312023

Other state of residence: NC

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: \_\_\_\_\_

P

**DO NOT SEND THIS VA-8453 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS.  
IT MUST BE MAINTAINED IN YOUR FILES!**

Virginia Submission Identification Number (SID)

<b>First Name &amp; Middle Initial</b> (if joint or combined return, enter both)	<b>Last Name</b>	<b>B Your Social Security Number</b>	
SURENDRA	RASAMSETTI	803-64-6605	
<b>Present Home Address</b>		<b>A Spouse's Social Security Number</b>	
14416 PARKVALE ROAD			
<b>City, State and Zip Code</b>		Online Filed Return <input type="checkbox"/>	
ROCKVILLE MD 20853			
<b>Part I Tax Return Information</b>		<b>A Spouse</b>	<b>B Yourself</b>
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)			86,622.
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)			86,622.
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)			47,936.
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)			2,499.
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)			2,882.
6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)			
7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)			383.
<b>Part II Declaration of Taxpayer</b>			
8a. <input checked="" type="checkbox"/> I consent that my refund be directly deposited as designated on my 2023 Virginia income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.			
8b. <input type="checkbox"/> I do not want direct deposit of my refund or I am not receiving a refund. I choose to have a check mailed to me.			
8c. <input type="checkbox"/> I authorize the Virginia Department of Taxation (Virginia Tax) and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on my 2023 Virginia income tax return for payment of my state taxes owed on this return and/or a payment of estimated tax. 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 certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.			
I declare under penalties of perjury that I have compared the information on my return with the information I have provided to my electronic return originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my 2023 Virginia individual income tax return. To the best of my knowledge and belief, my return is true, correct and complete. I consent that my return including this declaration and accompanying schedules and statements be sent to the Internal Revenue Service (IRS) by my electronic return originator (ERO) and by the IRS to Virginia Tax. This declaration is to be retained by the ERO or transmitter as validation of my electronically filed Virginia income tax return. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.			
Your Signature	Date	Spouse's Signature (If Filing Status 2 or 4, BOTH must sign)	Date
<b>Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer</b>			
I declare that I have reviewed the above taxpayer's return and that the entries on this form are complete and correct to the best of my knowledge. I have obtained the taxpayer's signature on Form VA-8453 before submitting this return to the Internal Revenue Service (IRS) and Virginia Tax. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and Virginia Tax and have followed all other requirements as described in Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2023) and any requirements specified by Virginia Tax. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which preparer has any knowledge. EROs and paid preparer can sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.			
ERO's Signature	Date	SSN/PTIN	
GLOBAL TAXES LLC			
Firm's name (or yours if self-employed)		Paid Preparer? <input type="checkbox"/> Y <input type="checkbox"/> N	Self-employed? <input type="checkbox"/> Y <input type="checkbox"/> N
245 ROONEY CT	E BRUNSWICK NJ 08816	882145487	
Address, City, State and Zip		EIN	
		P02470833	
Paid Preparer's Signature	Date	SSN/PTIN	
VENKATA SAI PAVAN KUMAR DUDIPALLI			
Firm's name (or yours if self-employed)		Self-employed? <input type="checkbox"/> Y <input type="checkbox"/> N	
245 ROONEY CT	E BRUNSWICK NJ 08816	882145487	
Address, City, State and Zip		EIN	



**D-400V (50)**

10-18-22

**Instructions for Form D-400V, Payment Voucher**

**What Is Form D-400V and Why Should You Use It?**

It is a statement you send with your payment of a balance due on Form D-400. Using Form D-400V allows the Department to process your payment more accurately and efficiently. We strongly encourage you to use Form D-400V.

**Making an Online Payment**

To pay your tax via our online payment portal please visit [www.ncdor.gov](http://www.ncdor.gov) and select file and pay or use your mobile device to scan the QR code below.



**Benefits of Paying Taxes Online**

- Secure and convenient
- Schedule payments in advance
- Bank drafts (free), MasterCard or Visa (\$2 convenience fee for every \$100 paid)
- Your payment will be processed efficiently and you will receive receipt of payment.

**Preparing and Sending Your Payment**

1. Make your check or money order payable in U.S. dollars to the **NC Department of Revenue. Note:** The Department will not accept a check, money order, or cashier's check unless it is drawn on a U.S. (domestic) bank and the funds are payable in U.S. dollars.
2. Make sure the courtesy box and legal line on your check match.
3. Enter the last four digits of your SSN, Tax Year, and "D-400" on the memo line of your check or money order. If you are filing a joint return, enter the last four digits of the first SSN on your return.
4. Make sure your check or money order is signed.
5. Make sure your name, address, and daytime phone number appear on your check or money order.
6. Cut across the dotted line and send the completed voucher and your check or money order to the "Mail to" address on the voucher.

**What if You File Electronically?**

If you choose to file electronically and have a balance due, follow your transmitter's or preparer's instructions for making your payment.

**Important Reminders**

- **Do not** submit this voucher if you submitted an electronic payment.
- **Do not** staple, tape, paper clip or otherwise attach your check or money order to the voucher.
- **Do not** fold this voucher or check.
- **Do not** use a photocopy of this voucher.
- **Do not** use another person's voucher.
- **Do not** send cash.
- **Do not** make any modifications to the voucher.
- Make sure your signature appears on your check or money order.
- Make sure the correct name, address, SSN, daytime phone number, and tax year appear on the voucher and your check or money order.

Cut Here

**D-400V (50)**

9-16-08

**Individual Income Payment Voucher**

North Carolina Department of Revenue

REV 02/07/24 PRO

803646605 RASA 1441 20853

SURENDRA RASAMSETTI

14416 PARKVALE ROAD

For Calendar Year 2023

**AMOUNT OF THIS PAYMENT**

This must match the amount shown on your check or money order.

ROCKVILLE MD 20853

\$ 180.00

Taxpayer/Paid Preparer: VENKATA SAI PAVAN KUMA

Date: Phone: (678) 965-9522

7270150106



Mail to:

NCDOR, PO Box 25000, Raleigh, NC 27640-0640

20231 8036466058 0000000 06408

D-400 (50) 8-16-23

Individual Income Tax Return 2023

< Staple All Pages of Your Return and W-2s Here

North Carolina Department of Revenue

Amended Return

DOR Use Only

Form header section containing taxpayer information: SURENDRA RASAMSETTI, 14416 PARKVALE ROAD, ROCKVIL MD 20853, SSN: 803646605. Includes filing status (Single), marital status, and residency information.

FS 1 PP Y DT N OC N TPRES N SPRES N VT N SVT N
RASA 1441 20853 DS N EA N TD SD FDEXT N
SURENDRA RASAMSETTI 803646605 MD 20853

14416 PARKVALE ROAD ROCKVILLE
06 86622 16 0 26C 0
07 0 18 Y 0 26E 0
09 0 20A 59 EU
10A 0 20B 0 27 180
10B 0 21A 0 29 0
11 S Y I N 21B 0 30 0
11 12750 21C 0 31 0
13 00681 21D 0 32 0
14 5031 26A 180 34 0
15 239 26B 0
TN 7062248606 PN 6789659522 PP P02470833



7020150025

Sign Return Below section. Includes checkboxes for Refund Due (0) and Payment Due (180). Contains handwritten signature and date (03/19/2024) and contact information for Venkata Sai Pavan Kumar D.

If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001
If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640

**D-400 Line-by-Line Information**

6.	Federal Adjusted Gross Income	6.	86622
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	86622
9.	Deductions From Federal Adjusted Gross Income	9.	0
10.	Child Deduction		
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	0
	b. Enter the amount of the child deduction	10b.	0
11.	N.C. Standard Deduction	11.	Y
11.	N.C. Itemized Deduction	11.	N
11.	Deduction amount	11.	12750
12.	a. Add Lines 9, 10b, and 11	12a.	12750
	b. Subtract Line 12a from Line 8	12b.	73872
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0681
14.	N.C. Taxable Income	14.	5031
15.	N.C. Income Tax	15.	239
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	239
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	239

**North Carolina Income Tax Withheld**

20a.	Your tax withheld	20a.	59
20b.	Spouse's tax withheld	20b.	0

**Other Tax Payments**

21a.	2023 estimated tax	21a.	0
21b.	Paid with extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Additional Payments	22.	0
23.	Add Lines 20a through 22	23.	59
24.	Previous Refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	59
26a.	<b>Tax Due</b>	26a.	180
26b.	Penalties	26b.	0
26c.	Interest	26c.	0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
EU	Exception to Underpayment of Estimated Tax	EU	
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	0
27.	<b>Pay this Amount</b>	27.	<b>180</b>
28.	<b>Overpayment</b>	28.	0

**Amount of Refund to Apply to:**

29.	Amount of Line 28 to be applied to 2024 Estimated Income Tax	29.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0
31.	N.C. Education Endowment Fund	31.	0
32.	N.C. Breast and Cervical Cancer Control Program	32.	0
33.	Add Lines 29 through 32	33.	0
34.	<b>Amount to be Refunded</b>	34.	<b>0</b>

**D-400 Sch PN (50)**

8-16-23

**2023 Part-Year Resident and Nonresident Schedule**

North Carolina Department of Revenue

DOR  
Use  
Only

If you enter a taxable percentage on Form D-400, Line 13 because you or your spouse, if married filing jointly, were not full-year residents of North Carolina during tax year 2023, you must attach this schedule to Form D-400. Importantly, you must attach both pages of this schedule to Form D-400. If you do not, the Department may be unable to process your return.

Last Name (First 10 Characters) **RASAMSETTI** Your Social Security Number **803646605**

A part-year resident or a nonresident who receives income from N.C. sources must complete this form to determine the percentage of total income from all sources that is subject to N.C. tax. You are a **"part-year resident"** if you moved to N.C. and became a resident during the tax year, or you moved out of N.C. and became a resident of another state during the tax year. You are a **"nonresident"** if you were not a resident of N.C. at any time during the tax year. Important: Refer to the Instructions before completing this form.

NRT N PYT Y 01 01 23 05 01 23 22 5895  
NRS N PYS N 23 86622

**Part A. Residency Status**

Taxpayer is: (Select applicable box)  
 Full-Year Resident  Nonresident  Part-Year Resident  
 Date N.C. residency began 01 01 23 Date N.C. residency ended 05 01 23

Spouse is: (Select applicable box)  
 Full-Year Resident  Nonresident  Part-Year Resident  
 Date N.C. residency began Date N.C. residency ended

If you and your spouse were both full-year residents of N.C., **stop here**; do not complete Parts B and C. Do not attach Schedule PN to Form D-400.

**Part B. Allocation of Income for Part-Year Residents and Nonresidents**

Total Income	COLUMN A Total Income from all Sources	COLUMN B Amount of Column A Attributable to N.C.
1. Wages, Salaries, Tips, Etc.	1. 105917	5895
2. Taxable Interest	2. 0	0
3. Taxable Dividends	3. 0	0
4. Taxable Refunds, Credits, or Offsets of State and Local Income Taxes	4. 0	0
5. Alimony Received	5. 0	0
6. Business Income or (Loss)	6. 0	0
7. Capital Gain or (Loss)	7. 0	0
8. Other Gains or (Losses)	8. 0	0
9. Taxable Amount of IRA Distributions	9. 0	0
10. Taxable Amount of Pensions and Annuities	10. 0	0
11. Rental Real Estate, Royalties, Partnerships, S-Corps, Estates, Trusts, Etc.	11. -19295	0
12. Farm Income or (Loss)	12. 0	0
13. Unemployment Compensation	13. 0	0
14. Taxable Portion of Social Security and Railroad Retirement Benefits	14. 0	0
15. Other Income	15. 0	0
16. Total Income	16. 86622	5895
<b>North Carolina Adjustments</b>		
17. Additions	<b>COLUMN A Amount from Form D-400 Schedule S</b>	<b>COLUMN B Amount of Column A Attributable to N.C.</b>
a. Interest Income From Obligations of States Other Than N.C.	17a. 0	0
b. Deferred Gains Reinvested Into an Opportunity Fund	17b. 0	0
c. Bonus Depreciation	17c. 0	0
d. IRC Section 179 Expense	17d. 0	0
e. Other Additions to Federal Adjusted Gross Income That Relate to Gross Income	17e. 0	0
18. Total Additions	18. 0	0



Last Name (First 10 Characters) RASAMSETTI

Your Social Security Number 803646605

**Part B. Allocation of Income for Part-Year Residents and Nonresidents** (continued)

	COLUMN A Amount from Form D-400 Schedule S	COLUMN B Amount of Column A Attributable to N.C.
19. Deductions		
a. State or Local Income Tax Refund	19a. 0	0
b. Interest Income From Obligations of the United States or United States' Possessions	19b. 0	0
c. Taxable Portion of Social Security and Railroad Retirement Benefits	19c. 0	0
d. Retirement Benefits Received by <b>Vested</b> N.C. State Government, N.C. Local Government, or Federal Government Retirees, i.e. <i>Bailey Settlement</i>	19d. 0	0
e. Bonus Asset Basis	19e. 0	0
f. Bonus Depreciation	19f. 0	0
g. IRC Section 179 Expense	19g. 0	0
h. Other Deductions From Federal Adjusted Gross Income That Relate to Gross Income	19h. 0	0
20. Total Deductions	20. 0	0
21. Total Income Modified by N.C. Adjustments	21. 86622	5895

**Part C. Part-Year Residents and Nonresidents Taxable Percentage**

22. Enter the Amount From Column B, Line 21	22. 5895
23. Enter the Amount From Column A, Line 21	23. 86622
24. Part-Year Residents and Nonresident Taxable Percentage	24. 0.0681