



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 RASAMSETTI 803646605
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. 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. ERO firm name

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. The ERO must complete Part III below.

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. ERO firm name

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. The ERO must complete Part III below.

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

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

DO NOT MAIL



235020013

\$

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 MI

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](http://ssa.gov).

14416 PARKVALE ROAD

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

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)

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

**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. . . . . ▶  **P**  
**MILITARY:** If you or your spouse has non-Maryland military income, place an **M** in the box. . . . . ▶  **M**

Enter **Military Income** amount here: \_\_\_\_\_



235020113

Name SURENDRA RASAMSETTI

SSN 803646605

**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.** 86622 00

1a. Wages, salaries and/or tips . . . . . **1a.** 105917 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.** 86622 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.** 40072 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.** 40072 00

16. Maryland adjusted gross income (Subtract line 15 from line 7.) . . . . . **16.** 46550 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.** 1370 00

18. Net income (Subtract line 17 from line 16.) . . . . . **18.** 45180 00

19. Exemption amount from Exemptions area (See Instruction 10.) . . . . . **19.** 1720 00

20. Taxable net income (Subtract line 19 from line 18.) . . . . . **20.** 43460 00



235020213

Name SURENDRA RASAMSETTI

SSN 803646605

<b>MARYLAND TAX COMPUTATION</b>	21. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II) . . . . .	21.	2013	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. . . . . <b>You must file this form electronically to claim business tax credits on Form 500CR.</b>				
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. . . . .		2013	00	
<b>LOCAL TAX COMPUTATION</b>	28. Local tax (See Instruction 19 for tax rates and worksheet.) <b>Multiply line 20 by your local tax rate .0320</b> or use the Local Tax Worksheet . . . . .	28.	1391	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. <b>Local tax</b> after credits (Subtract line 32 from line 28.) If less than 0, enter 0. . . . .	33.	1391	00
34. Total Maryland and local tax (Add lines 27 and 33.) . . . . .	34.	3404	00	
<b>CONTRIBUTIONS</b> 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. <b>Total Maryland income tax, local income tax and contributions</b> (Add lines 34 through 38.) . . . . .	39.	3404	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.	3662	
	41. 2023 estimated tax payments, amount applied from 2022 return, payment made with an extension request, and <b>Form MW506NRS</b> . . . . .	▶ 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.	3662	
	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.	258		
<b>REFUND</b>	47. <b>Amount of overpayment TO BE APPLIED TO 2024 ESTIMATED TAX</b> . . . . .	▶ 47.		
	48. Amount of overpayment <b>TO BE REFUNDED TO YOU</b> (Subtract line 47 from line 46.) See line 51 . . . . . <b>REFUND</b>	▶ 48.	258	
<b>AMOUNT DUE</b>	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. <b>TOTAL AMOUNT DUE</b> (Add lines 45 and 49.)	▶ 50.		
<b>IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV.</b> . . . . .				



235020313

Name SURENDRA RASAMSETTI SSN 803646605

**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) ▶ 061000052

51c. Account Number ▶ 334057696981

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  
Printed name of the Preparer / or Firm's name 245 ROONEY CT  
Street address of preparer or Firm's address

VENKATA SAI PAVAN KUMAR DUDIPALLI  
Signature of preparer other than taxpayer (Required by Law) E BRUNSWICK NJ 08816  
City, State, ZIP Code + 4

**For returns filed without payments, mail your completed return to:**

Comptroller of Maryland  
Revenue Administration Division  
110 Carroll Street  
Annapolis, MD 21411-0001

6789659522 ▶ P02470833  
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](http://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

**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 (if joint or combined return, enter both)</b>	<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 APT # 1		
<b>City, State and Zip Code</b>		<b>Online Filed Return</b>
ROCKVILLE MD 20853		<input type="checkbox"/>

<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.

**Part II Declaration of Taxpayer**

8a.  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.  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.  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
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**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer**

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 GLOBAL TAXES LLC	Date	SSN/PTIN
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 VENKATA SAI PAVAN KUMAR DUDIPALLI	Date	SSN/PTIN
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

# 2023 Virginia Nonresident Income Tax Return

Due May 1, 2024



Enclose a complete copy of your federal tax return and all other required Virginia enclosures.

First Name <b>SURENDRA</b>	MI	Last Name <b>RASAMSETTI</b>	Suffix	Your Social Security Number <b>803-64-6605</b>	<input type="checkbox"/> Check if deceased
Spouse's First Name (Filing Status 2 Only)	MI	Last Name	Suffix	Spouse's Social Security Number	<input type="checkbox"/> Check if deceased
Present Home Address (Number and Street or Rural Route) <b>14416 PARKVALE ROAD APT 1</b>				Your Birth Date (mm-dd-yyyy) <b>03 - 20 - 1996</b>	
City, Town or Post Office <b>ROCKVILLE</b>		State <b>MD</b>	ZIP Code <b>20853</b>	Spouse's Birth Date (mm-dd-yyyy) <b>- -</b>	
State of Residence <b>MD</b>	<b>Important</b> - Name of Virginia City or County in which principal place of business, employment, or income source is located. <b>HANOVER</b>				Locality Code <input type="checkbox"/> City <b>OR</b> <input checked="" type="checkbox"/> County <b>085</b>

<b>Check Applicable Boxes</b>	<input type="checkbox"/> Amended Return Reason Code <input type="checkbox"/>	<input type="checkbox"/> Name(s) or Address Different than Shown on 2022 VA Return	<input type="checkbox"/> Overseas on Due Date
	<input type="checkbox"/> Dependent on Another's Return	<input type="checkbox"/> Qualifying Farmer, Fisherman, or Merchant Seaman	EIC Claimed on federal return \$ _____ .00

**Filing Status** Enter Filing Status Code in box below.

- 1 = Single. Federal head of household? YES
- 2 = Married, Filing Joint Return - both must have Virginia income
- 3 = Married, Spouse Has No Income From Any Source
- 4 = Married, Filing Separate Returns

If Filing Status 3 or 4, enter spouse's SSN in the Spouse's Social Security Number box at top of form and enter Spouse's Name \_\_\_\_\_

**Exemptions** Add Sections 1 and 2. Enter the sum on Line 12.

You	Spouse if Filing Status 2 or 3	Dependents	<b>Total Section 1</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	= <input type="checkbox"/>	<b>X \$930 =</b> <input type="checkbox"/>
You 65 or over	Spouse 65 or over	You Blind	Spouse Blind	<b>Total Section 2</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	= <input type="checkbox"/>
				<b>X \$800 =</b> <input type="checkbox"/>

1	Adjusted Gross Income from federal return - <i>Not federal taxable income</i> .....	1	86622	00
2	Additions from Schedule 763 ADJ, Line 3.....	2		00
3	<b>Add Lines 1 and 2</b> .....	3	86622	00
4	Age Deduction (See instructions and the Age Deduction Worksheet)..... You	4a		00
	Enter Birth Dates above. Enter Your Age Deduction on Line 4a			
	and Your Spouse's Age Deduction on Line 4b..... Spouse	4b		00
5	Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported on your federal return. ....	5		00
6	State income tax refund or overpayment credit reported as income on your federal return. ....	6		00
7	Subtractions from Schedule 763 ADJ, Line 7.....	7		00
8	<b>Add Lines 4a, 4b, 5, 6, and 7</b> .....	8		00
9	<b>Virginia Adjusted Gross Income (VAGI). Subtract Line 8 from Line 3</b> .....	9	86622	00
10	Itemized Deductions from Virginia Schedule A, if applicable. See instructions.....	10		00
11	If you do not claim itemized deductions on Line 10, enter standard deduction. See instructions. ....	11	8000	00
12	Exemption amount. Enter the total amount from the Exemption Sections 1 and 2 above. ....	12	930	00
13	Deductions from Schedule 763 ADJ, Line 9.....	13		00
14	<b>Add Lines 10, 11, 12 and 13</b> .....	14	8930	00
15	Virginia Taxable Income computed as a resident. Subtract Line 14 from Line 9.....	15	77692	00
16	Percentage from Nonresident Allocation Section on Page 2 (Enter to one decimal place only).....	16	61.7	%
17	Nonresident Taxable Income. (Multiply Line 15 by percentage on Line 16).....	17	47936	00
18	Income Tax from Tax Table or Tax Rate Schedule.....	18	2499	00
19a	Your Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099, and VK-1.....	19a	2882	00



Your Name SURENDRA RASAMSETTI	Your SSN 803-64-6605
----------------------------------	-------------------------

19b	Spouse's Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099, and VK-1.	19b		00
20	2023 Estimated Tax Payments.	20		00
21	2022 overpayment credited to 2023 estimated tax.	21		00
22	Extension Payment - submitted using Form 760IP.	22		00
23	Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 763 ADJ, Line 17.	23		00
24	Total credits from Schedule OSC.	24		00
25	Credits from Schedule CR, Section 5, Line 1A.	25		00
26	<b>Total payments and credits. Add Lines 19a through 25.</b>	26	2882	00
27	If Line 18 is larger than Line 26, enter the difference. This is the <b>INCOME TAX YOU OWE</b> .	27		00
28	If Line 26 is larger than Line 18, enter the difference. This is the <b>OVERPAYMENT AMOUNT</b> .	28	383	00
29	Amount of overpayment on Line 28 to be CREDITED TO 2024 ESTIMATED INCOME TAX.	29		00
30	Virginia529 and ABLE Contributions from Schedule VAC, Part I, Line 6.	30		00
31	Other Voluntary Contributions from Schedule VAC, Section II, Line 14.	31		00
32	Addition to Tax, Penalty, and Interest from <b>enclosed</b> Schedule 763 ADJ, Line 21. See instructions. Enclose 760C or 760F and check here.	32		00
33	Sales and Use Tax is due on Internet, mail order, and out-of-state purchases (Consumer's Use Tax). See instructions. Check here if no sales and use tax is due.	33		00
34	<b>Add Lines 29 through 33.</b>	34		00
35	If you owe tax on Line 27, add Lines 27 and 34 - <b>OR</b> - If you have an overpayment on Line 28 and Line 34 is larger than Line 28, enter the difference. <b>AMOUNT YOU OWE</b> . Enclose payment or pay at <b>www.tax.virginia.gov</b> . Check here if paying by credit or debit card - See instructions.	35		00
36	If Line 28 is larger than Line 34, subtract Line 34 from Line 28. This is the amount to be <b>REFUNDED TO YOU</b> .	36	383	00

If the Direct Deposit section below is not completed, your refund will be issued by check.

<b>DIRECT BANK DEPOSIT</b> Domestic Accounts Only No International Deposits	Your Bank Routing Transit Number 0 6 1 0 0 0 0 5 2	Your Bank Account Number 3 3 4 0 5 7 6 9 6 9 8 1	Checking <input checked="" type="checkbox"/>	Savings <input type="checkbox"/>
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**Nonresident Allocation Percentage**

		A - All Sources		B - Virginia Sources	
1. Wages, salaries, tips, etc.	1	105917	00	53472	00
2. Interest income	2		00		00
3. Dividends	3		00		00
4. Alimony received	4		00		00
5. Business income or loss	5		00		00
6. Capital gain or loss/capital gain distributions	6		00		00
7. Other gains or losses	7		00		00
8. Taxable pensions, annuities and IRA distributions	8		00		00
9. Rents, royalties, partnerships, estates, trusts, S corporations, etc.	9	-19295	00	0	00
10. Farm income or loss	10		00		00
11. Other income	11		00		00
12. Interest on obligations of other states from Schedule 763 ADJ, Line 1.	12		00		00
13. Lump-sum and accumulation distributions included on Sch. 763 ADJ, Line 3.	13		00		00
14. TOTAL - Add Lines 1 through 13 and enter each column total here.	14	86622	00	53472	00
15. Nonresident allocation percentage - Divide Line 14 B, by Line 14 A. Compute percentage to one decimal place (e.g., 5.4%). Enter on Page 1, Line 16.	15			61.7%	

I (We) authorize the Dept. of Taxation to discuss this return with my (our) preparer.  I agree to obtain my Form 1099-G at [www.tax.virginia.gov](http://www.tax.virginia.gov).

I (We), the undersigned, declare under penalty provided by law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct, and complete return.

Your Signature		Your Phone Number (706) 224-8606	Date	
Spouse's Signature (If a joint return, <b>both</b> must sign)		Spouse's Phone Number	Preparer's PTIN P02470833	Vendor Code 1555
Preparer's Name VENKATA SAI PAVAN KUMAR DUDIPALLI	Firm's Name (or Yours if Self-Employed) GLOBAL TAXES LLC	Preparer's Phone Number (678) 965-9522	Filing Election Code 7	ID Theft PIN



2023 Schedule INC/CG

803646605

Report all W-2s, 1099s & VK-1s with VA Withholding



SURENDRA

RASAMSETTI

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
803646605	W	2882.	650161093	30650161093F001	53472.

DO NOT MAIL

Total VA Withholding	SSN	VA Withholding
You	803646605	2882.
Spouse		

Total # of W-2s, 1099s & VK-1s 01

To avoid delays - be sure to enter all information, including the Employer's FEIN.

**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.

**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.

**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.

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 APT 1

For Calendar Year 2023

**AMOUNT OF THIS PAYMENT**

ROCKVILLE MD 20853

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

Taxpayer/Paid Preparer: VENKATA SAI PAVAN KUMA

\$ 180.00

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

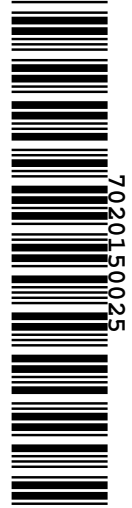
North Carolina Department of Revenue

Amended Return

DOR  
Use  
Only

For calendar year 2023, or fiscal year beginning <u>23</u> and ending		Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
SURENDRA RASAMSETTI 14416 PARKVALE ROAD 1 Your SSN: 803646605 ROCKVIL MD 20853 Spouse's SSN:		Is your spouse a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>
Filing Status <input checked="" type="checkbox"/> 1. Single <input type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately <input type="checkbox"/> 4. Head of Household <input type="checkbox"/> 5. Qualifying Widow(er)		Were you granted an automatic extension to file your 2023 federal income tax return, e.g., Form 1040? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Were you a resident of N.C. for the entire year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Return for deceased taxpayer. Date of death:		Year spouse died:
Was your spouse a resident for the entire year? Yes <input type="checkbox"/> No <input type="checkbox"/> Return for deceased spouse. Date of death:		
N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ <u>0</u> . To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instructions for information about the Fund.)		
<input type="checkbox"/> Select box if you, or if married filing jointly, your spouse were out of the country on April 15, 2024, and a U.S. citizen or resident.		
<input type="checkbox"/> Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative.		

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					1	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	



<b>Sign Return Below</b> <input type="checkbox"/> <b>Refund Due</b> <u>0</u> <input checked="" type="checkbox"/> <b>Payment Due</b> <u>180</u>	
I declare and certify 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. <input type="checkbox"/> Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below.	
Your Signature _____ Date _____	Spouse's Signature (If filing joint return, both must sign.) _____ Date _____
7062248606 Contact Phone No. (Include area code)	
<b>PAID PREPARER USE ONLY</b> If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.	
VENKATA SAI PAVAN KUMAR D _____ Date _____	(678) 965-9522 _____
P02470833 Preparer's FEIN, SSN, or PTIN	
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**

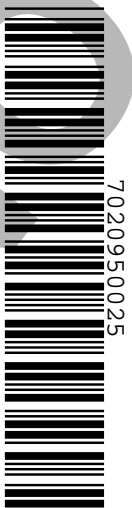
Taxpayer is: (Select applicable box)  Full-Year Resident  Nonresident  Part-Year Resident  
 Date N.C. residency began 01 01 23 Date N.C. residency ended 05 01 23

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		
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