



VISHALDATTA CHITNENI 5186058555 CHIT 165410158

2365 BIRCH RUN CIR APT A
HERNDON VA 20171

Name or address has changed? Taxpayer or (spouse if filing joint) died during this tax year Taxpayer was engaged in commercial farming/fishing in 2023

Amended Return: Amended affects Kansas only Amended Federal tax return Adjustment by the IRS

Filing Status: Single Married Filing Joint (Even if only one had income) Married Filing Separate Head of Household (Do not check if filing joint return)

Residency Status: Resident NonResident (Complete Sch S, Part B) MD State of Legal Residence

Part-Year Resident (Complete Sch S, Part B) From 01012023 To 09302023

Exemptions: 1 Enter the total exemptions for you, your spouse (if applicable), and each person you claim as a dependent. If filing status above is Head of Household, add one exemption. If claiming the Disabled Veteran Personal Exemption allowance, enter the total here. (See instructions for qualifications)

1 Total Kansas exemptions

In the following spaces, provide the requested information for all persons you claimed as dependents. **DO NOT include you or your spouse.** If additional space is needed, enclose a separate sheet, only after completing all nine lines below.

Dependent Name - First, Middle and Last	Date of Birth - MMDDYYYY	Relationship	SSN
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Food Sales Tax Credit: You must have been a Kansas resident for ALL of 2023. Complete this section to determine your qualifications and credit.

A. Had a dependent child who lived with you all year and was under the age of 18 all of 2023?	E. Number of exemptions claimed	
B. Were you (or spouse) 55 years of age or older all of 2023 (born prior to January 1, 1968)?	F. Number of dependents that are 18 years of age or older (born on or before January 1, 2006)	
C. Were you (or spouse) totally and permanently disabled or blind all of 2023, regardless of age? If you answered NO to A, B, and C, STOP HERE , you do not qualify for this credit.	G. Total qualifying exemptions (subtract line F from line E)	
D. If you answered YES to A, B, or C, enter your FAGI from line 1 of this return. 0 If Line D is more than \$30,615 STOP HERE , you do not qualify for this credit.	H. Food Sales Tax Credit (multiply line G by \$125). Enter result here and on line 18 of this form.	0



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1. Federal adjusted gross income	30075	23. Refundable portion of earned income tax credit	0
2. Modifications	0	24. Refundable portion of tax credits	0
3. Kansas adjusted gross income	30075	25. Payments remitted with original return	0
4. Standard or itemized deductions. (If itemizing, complete KS Sch A)	3500	26. Credit for tax paid on the K-120S	0
5. Exemption allowance	2250	27. Overpayment from original return. This figure is a subtraction.	0
6. Total deductions	5750	28. Total refundable credits	831
7. Taxable income	24325	29. Underpayment	0
8. Tax	955	30. Interest	0
9. Nonresident percentage	58.0848	31. Penalty	0
10. Nonresident tax	555	32. Estimated tax penalty	0
11. KS tax on lump sum distributions	0	33. AMOUNT YOU OWE	0
12. TOTAL INCOME TAX	555	34. Overpayment	276
13. Credit for taxes paid to other states	0	35. CREDIT FORWARD	0
14. Credit for child and dependent care expenses	0	36. Chickadee Checkoff	0
15. Other credits	0	37. Senior Citizens Meals On Wheels Contribution Program	0
16. Subtotal	555	38. Breast Cancer Research Fund	0
17. Earned Income Credit	0	39. Military Emergency Relief Fund	0
18. Food Sales Tax Credit	0	40. Kansas Hometown Heroes Fund	0
19. Total Tax Balance	555	41. Kansas Creative Arts Industry Fund	0
20. KS income tax withheld from W-2, 1099 or K-19	831	42. Local School District Contribution Fund. School District Number	0
21. Estimated tax paid	0	43. Kansas Historic Site Contribution Fund. Historic Site Number	0
22. Amount paid with Kansas extension	0	44. REFUND	276

I authorize the Director of Taxation or the Director's designee to discuss my K-40 and any enclosures with my preparer.
I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.

Taxpayer Signature (Required) _____ Date _____ Spouse Signature (Required) _____ Date _____

Preparer Signature (Required) SYAM PRIYA RAM SAGAR GUPT Preparer Phone Number 6789659522 Preparer PTIN, EIN or SSN (Required) P02082703



VISHALDATTA

CHITNENI

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PART A - MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME:

A1. State and municipal bond interest not specifically exempt from KS income tax (reduced by related expenses)

A5. Business interest expense carryforward deduction (I.R.C. § 163(J))

A2. Contributions to all KPERS (Kansas Public Employee's Retirement Systems)

A6. Unqualified withdrawals from First Time Home Buyer Savings Account

A3. Kansas Expensing Recapture (enclose applicable schedules)

A7. Other additions to FAGI (enclose list)

A4. Low income student scholarship contribution (enclose Sch K-70)

A8. Total additions to FAGI (add lines A1 - A7)

SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME:

A9. Social Security benefits

A17. Global Intangible Low-Taxed Income (GILTI) (I.R.C. § 951A)

A10. KPERS lump sum distributions exempt from income tax

A18. Disallowed business interest deduction (I.R.C. § 163(J))

A11. Interest on U.S. Government obligations (reduced by related expenses)

A19. Disallowed business meal expenses (I.R.C. § 274)

A12. State or local income tax refund (if included in line 1 of Form K-40)

A20. Contributions to an ABLÉ savings account

A13. Retirement benefits specifically exempt from Kansas Income Tax

A21. Kansas Expensing Deduction (Enclose K-120EX)

A14. Military compensation of a nonresident servicemember (Non-Residents only)

A22. Qualified Contributions from First Time Home Buyer Savings Account

A15. Contributions to Learning Quest or other states' qualified tuition program

A23. Other subtractions from FAGI (enclose list)

A16. Armed forces recruitment, sign-up, or retention bonus

A24. Total subtractions from FAGI (add lines A9 - A23)

NET MODIFICATIONS:

A25. Net modifications to FAGI (subtract line A24 from line A8). Enter total here and on line 2, Form K-40.





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PART B - PART-YEAR RESIDENT/NONRESIDENT ALLOCATION

INCOME:	Total From Federal Return:	Amount From Kansas Sources:
B1. Wages, salaries, tips, etc	30075	17469
B2. Interest and dividend income		
B3. Pensions, IRA distributions and annuities		
Additional Income: (Lines B4 - B12)		
B4. Refunds of state and local income taxes		
B5. Alimony received		
B6. Business income or loss		
B7. Capital gain or loss		
B8. Other gains or losses		
B9. Rental real estate, royalties, partnerships, S corps, trusts, estates, REMICS, etc		
B10. Farm income or loss		
B11. Unemployment compensation, taxable social security benefits and other income		
B12. Total income from Kansas sources (Add lines B1 - B11)		17469

ADJUSTMENTS AND MODIFICATIONS TO KANSAS SOURCE INCOME: Total From Federal Return:	Amount From Kansas Sources:
B13. IRA Retirement Deductions	
B14. Penalty on early withdrawal of savings	
B15. Alimony paid	
B16. Moving expenses for members of the armed forces	
B17. Other federal adjustments	
B18. Total federal adjustments to Kansas source income (Add lines B13 through B17)	
B19. Kansas source income after federal adjustments (Subtract line B18 from line B12)	17469
B20. Net modifications from Part A that are applicable to Kansas source income	
B21. Modified Kansas source income (Line B19 plus or minus line B20)	17469
B22. Kansas adjusted gross income (From line 3, Form K-40)	30075
B23. Nonresident allocation percentage (Divide line B21 by line B22 and round to the fourth decimal place: not to exceed 100.0000). Enter result here and on line 9 of Form K-40.	58.0848



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.

VISHALDATTA CHITNENI 165410158
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. 188 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 1 0 1 5 8 as my signature on my tax year 2023 electronically filed income tax return.

Enter five digits. Do not enter all zeros.

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

Your signature Date

Spouse's PIN: check one box only

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

Enter five digits. Do not enter all zeros.

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

Spouse's signature Date

Practitioner PIN Method Returns Only

Part III Certification and Authentication - Practitioner PIN Method Only

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

Do not enter all zeros.

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

ERO's signature Date 04122024

DO NOT MAIL



235020013

\$

OR FISCAL YEAR BEGINNING _____ 2023, ENDING _____

165410158

Your Social Security Number Spouse's Social Security Number

VISHALDATTA

Your First Name MI

CHITNENI

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

2365 BIRCH RUN CIR

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

A HERNDON VA 20171
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.

0300 BALTIMORE COUNTY
4 Digit Political Subdivision Code (See Instruction 6) Maryland Political Subdivision (See Instruction 6)

4705 MELBOUNE RD
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)
BALTIMORE MD 21229 BALTIMORE COUNTY
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 10012023 TO 12312023
Other state of residence: KS

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 VISHALDATTA CHITNENI

SSN 165410158

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. 30075 00

1a. Wages, salaries and/or tips ▶ 1a. 30075 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. 30075 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. 17469 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. 17469 00

16. Maryland adjusted gross income (Subtract line 15 from line 7.) ▶ 16. 12606 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. 793 00

18. Net income (Subtract line 17 from line 16.) ▶ 18. 11813 00

19. Exemption amount from Exemptions area (See Instruction 10.) ▶ 19. 1341 00

20. Taxable net income (Subtract line 19 from line 18.) ▶ 20. 10472 00



235020213

Name VISHALDATTA CHITNENI SSN 165410158

MARYLAND TAX COMPUTATION	21. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II)	21.	445	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.		445	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.	335	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.	335	00
34. Total Maryland and local tax (Add lines 27 and 33.)	34.	780	00	
CONTRIBUTIONS See Instruction 20.	35. Contribution to Chesapeake Bay and Endangered Species Fund	▶ 35.		00
	36. Contribution to Developmental Disabilities Services and Support Fund	▶ 36.		00
	37. Contribution to Maryland Cancer Fund.	▶ 37.		00
	38. Contribution to Fair Campaign Financing Fund	▶ 38.		00
39. Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.)	39.	780	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.	968	
	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.	968	
	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.	188	
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.	188	
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 VISHALDATTA CHITNENI SSN 165410158

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) ▶ 101100045

51c. Account Number ▶ 518010620726

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

▶ 5186058555 _____ ▶ _____
Daytime telephone no. Home telephone no. CODE NUMBERS (3 digits per line)

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

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

Your signature Date

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

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

Spouse's signature Date

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

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

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 without payments, mail your completed return to:

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

For returns filed with payments, attach your check or money order to Form PV. Make your check or money order payable to Comptroller of Maryland. On your check or money order, you must include the Social Security number/Individual Taxpayer Identification Number of the taxpayer if filing individually. If filing jointly, you must include the Social Security number/ITIN of the primary taxpayer, tax year, and tax type on the check/money order. Failure to include this information will delay the processing of your payment. Do not staple Form PV or check/money order to Form 502. Place Form PV with attached check/money order on TOP of Form 502 and mail to:

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