



235020013

\$

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

726630520

Your Social Security Number Spouse's Social Security Number

RAJ KUMAR

Your First Name MI

MITTAL

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.

350 N ERVAY STREET

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

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.) DALLAS TX 75201 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)

4775 BELWOOD GREEN 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)

ARBUTUS MD 21227 BALTIMORE COUNTY City State ZIP Code + 4 Maryland County

FILING STATUS

CHECK ONE BOX

See Instruction 1 if you are required to file.

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

PART-YEAR RESIDENT

See Instruction 26.

Dates of Maryland Residence (MM DD YYYY) FROM 01012023 TO 08312023 Other state of residence: TX

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

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.



235020113

Name RAJ KUMAR MITTAL

SSN 726630520

**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.

<b>A.</b>	<input checked="" type="checkbox"/> <b>Yourself</b>	<input type="checkbox"/> <b>Spouse</b>	Enter number checked <input type="text" value="1"/>	See Instruction 10	<b>A. \$</b>	3200	00
<b>B.</b>	<input type="checkbox"/> 65 or over	<input type="checkbox"/> 65 or over					
	<input type="checkbox"/> Blind	<input type="checkbox"/> Blind	Enter number checked <input type="text"/>	X \$1,000	<b>B. \$</b>		00
<b>C.</b>	Enter number from line 3 of Dependent Form 502B		<input type="text"/>	See Instruction 10	<b>C. \$</b>		00
<b>D.</b>	<b>Enter Total Exemptions (Add A, B and C.)</b>		<input type="text" value="1"/>	<b>Total Amount</b>	<b>D. \$</b>	3200	00

**MARYLAND HEALTH CARE COVERAGE**

See Instruction 3.

Check here <input type="checkbox"/>	If you do not have health care coverage	DOB (mm/dd/yyyy) <input type="text"/>
Check here <input type="checkbox"/>	If your spouse does not have health care coverage	DOB (mm/dd/yyyy) <input type="text"/>
Check here <input type="checkbox"/>	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 <input type="text"/>		

**INCOME**

See Instruction 11.

<b>1.</b>	Adjusted gross income from your federal return	<b>1.</b>	67287	00
<b>1a.</b>	Wages, salaries and/or tips	<b>1a.</b>	81091	00
<b>1b.</b>	Earned income	<b>1b.</b>		00
<b>1c.</b>	Capital Gain or (loss)	<b>1c.</b>	-1551	00
<b>1d.</b>	Taxable Pensions, IRAs, Annuities (Attach Form 502R.)	<b>1d.</b>		00
<b>1e.</b>	Place a "Y" in this box if the amount of your investment income is more than \$11,000		<input type="checkbox"/>	

**ADDITIONS TO MARYLAND INCOME**

See Instruction 12.

<b>2.</b>	Tax-exempt interest on state and local obligations (bonds) other than Maryland	<b>2.</b>		00
<b>3.</b>	State retirement pickup	<b>3.</b>		00
<b>4.</b>	Lump sum distributions (from worksheet in Instruction 12.)	<b>4.</b>		00
<b>5.</b>	Other additions (Enter code letter(s) from Instruction 12.)	<b>5.</b>		00
<b>6.</b>	Total additions (Add lines 2 through 5. See instructions.)	<b>6.</b>		00
<b>7.</b>	Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.)	<b>7.</b>	67287	00

**SUBTRACTIONS FROM MARYLAND INCOME**

See Instruction 13.

<b>8.</b>	Taxable refunds, credits or offsets of state and local income taxes included in line 1	<b>8.</b>		00
<b>9.</b>	Child and dependent care expenses	<b>9.</b>		00
<b>10a.</b>	Pension exclusion from worksheet (13A) Yourself <input type="checkbox"/> Spouse <input type="checkbox"/>	<b>10a.</b>		00
<b>10b.</b>	Ranger pension exclusion from worksheet (13E) Yourself <input type="checkbox"/> Spouse <input type="checkbox"/>	<b>10b.</b>		00
<b>11.</b>	Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1	<b>11.</b>		00
<b>12.</b>	Income received during period of nonresidence (See Instruction 26.)	<b>12.</b>	55577	00
<b>13.</b>	Subtractions from attached Form 502SU	<b>13.</b>		00
<b>14.</b>	Two-income subtraction from worksheet in Instruction 13	<b>14.</b>		00
<b>15.</b>	Total subtractions (Add lines 8 through 14. See instructions.)	<b>15.</b>	55577	00
<b>16.</b>	Maryland adjusted gross income (Subtract line 15 from line 7.)	<b>16.</b>	11710	00

**DEDUCTION METHOD**

See Instruction 16.

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

<input checked="" type="checkbox"/>	<b>STANDARD DEDUCTION METHOD</b> (Enter amount on line 17.)		
<input type="checkbox"/>	<b>ITEMIZED DEDUCTION METHOD</b> (Complete lines 17a and 17b.)		
<b>17a.</b>	Total federal itemized deductions (from line 17, federal Schedule A)	<b>17a.</b>	00
<b>17b.</b>	State and local income taxes (See Instruction 14.)	<b>17b.</b>	00
Subtract line 17b from line 17a and enter amount on line 17.			
<b>17.</b>	Deduction amount (Part-year residents see Instruction 26 (l and m).)	<b>17.</b>	306
<b>18.</b>	Net income (Subtract line 17 from line 16.)	<b>18.</b>	11404
<b>19.</b>	Exemption amount from Exemptions area (See Instruction 10.)	<b>19.</b>	557
<b>20.</b>	Taxable net income (Subtract line 19 from line 18.)	<b>20.</b>	10847



235020213

Name RAJ KUMAR MITTAL

SSN 726630520

<b>MARYLAND TAX COMPUTATION</b>	<b>21. Maryland tax</b> (from Tax Table or Computation Worksheet Schedules I or II) . . . . . 21. _____ 462 00
	<b>21a.</b> Recaptured credit from Part DD, line 1 of Form 502CR. (Attach Form 502CR) . . . . . 21a. _____ 00
	<b>22.</b> 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.
	<b>23.</b> Poverty level credit (See Instruction 18.) . . . . . ▶ 23. _____ 00
	<b>24.</b> Other income tax credits for individuals from Part AA, line 14 of Form 502CR ( <b>Attach Form 502CR.</b> ) 24. _____ 00
	<b>25.</b> Business tax credits. . . . . <b>You must file this form electronically to claim business tax credits on Form 500CR.</b>
	<b>26.</b> Total credits (Add lines 22 through 25.) . . . . . 26. _____ 00
	<b>27.</b> Maryland tax after credits (Add lines 21 and 21a, then subtract line 26.) If less than 0, enter 0.27. _____ 462 00
<b>LOCAL TAX COMPUTATION</b>	<b>28.</b> 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. _____ 347 00
	<b>29.</b> Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) . . 29. _____ 00
	<b>30.</b> Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) . . . . 30. _____ 00
	<b>31.</b> Local tax credit from Part BB, line 1 of Form 502CR ( <b>Attach Form 502CR.</b> ) . . . . . 31. _____ 00
	<b>32.</b> Total credits (Add lines 29 through 31.) . . . . . 32. _____ 00
	<b>33.</b> <b>Local tax</b> after credits (Subtract line 32 from line 28.) If less than 0, enter 0 . . . . . 33. _____ 347 00
	<b>34.</b> Total Maryland and local tax (Add lines 27 and 33.) . . . . . 34. _____ 809 00
<b>CONTRIBUTIONS</b> See Instruction 20.	<b>35.</b> Contribution to Chesapeake Bay and Endangered Species Fund . . . . . ▶ 35. _____ 00
	<b>36.</b> Contribution to Developmental Disabilities Services and Support Fund . . . . . ▶ 36. _____ 00
	<b>37.</b> Contribution to Maryland Cancer Fund. . . . . ▶ 37. _____ 00
	<b>38.</b> Contribution to Fair Campaign Financing Fund . . . . . ▶ 38. _____ 00
	<b>39. Total Maryland income tax, local income tax and contributions</b> (Add lines 34 through 38.) . 39. _____ 809 00
	<b>40.</b> Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms and attach if MD tax is withheld.) . . . . . ▶ 40. _____ 881 .
	<b>41.</b> 2023 estimated tax payments, amount applied from 2022 return, payment made with an extension request, and <b>Form MW506NRS</b> . . . . . ▶ 41. _____ .
	<b>42.</b> Refundable earned income credit (from worksheet in Instruction 21) . . . . . ▶ 42. _____ .
	<b>43.</b> 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. _____ .
	<b>44.</b> Total payments and credits (Add lines 40 through 43.) . . . . . 44. _____ 881 .
	<b>45.</b> Balance due (If line 39 is more than line 44, subtract line 44 from line 39. See Instruction 22.) . . . . . ▶ 45. _____ 72 .
<b>REFUND</b>	<b>46.</b> Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.) . . . . . ▶ 46. _____ 72 .
	<b>47. Amount of overpayment TO BE APPLIED TO 2024 ESTIMATED TAX</b> . . . . . ▶ 47. _____ .
<b>AMOUNT DUE</b>	<b>48. Amount of overpayment TO BE REFUNDED TO YOU</b> (Subtract line 47 from line 46.) See line 51 . . . . . <b>REFUND</b> ▶ 48. _____ 72 .
	<b>49.</b> 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. _____ .
	<b>50. TOTAL AMOUNT DUE</b> (Add lines 45 and 49.) <b>IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV.</b> . . . . . ▶ 50. _____ .



235020313

Name RAJ KUMAR MITTAL SSN 726630520

**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) ▶ 044000037

**51c.** Account Number ▶ 769932267

**51d.** Name(s) as it appears on the bank account \_\_\_\_\_

▶ 2029375882 \_\_\_\_\_  
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 TALLAM  
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)

**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

**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.**