

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS *e-file*.

Taxpayer name

CHARAN K SUNKUREDDY & VINEELA NACHU

Taxpayer address (optional)

**30 PAINTED LADY WAY
CLARKSBURG, MD 20871**

1. Your federal income tax return for 2022 was filed electronically with the IRS Submission Processing Center. The electronic filing services were provided by V TAX FILING LIMITED PARTNERSHIP.
2. Your return was accepted on 04-12-2023 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is 2441762023102xzdqip5.
3. Your return was accepted on _____. Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. Your electronic funds withdrawal payment request was accepted for processing.
5. Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on _____. The Submission ID assigned to your extension is _____.

**DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at www.irs.gov, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to www.irs.gov and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to www.irs.gov/e-pay.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to www.irs.gov. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

Instructions for Electronic Return Originators

Line 2 - PIN Presence Indicator - Check box 2 if the taxpayer entered a PIN or authorized the ERO to enter or generate the PIN for the taxpayer, and the Acknowledgement File PIN Presence Indicator is a "Practitioner PIN," "Self-Select PIN" or "Online Filer PIN." Form 8879, IRS *e-file* Signature Authorization, is required if the ERO enters or generates the PIN or if the Practitioner PIN method is used. **Use Form 8453, U.S. Individual Income Tax Transmittal for an IRS *e-file* Return, to send required paper forms or supporting documentation listed next to the form check boxes (do not send Forms W-2, W-2G, or 1099R).**

Line 3 - Exception Processing - Check box 3 if the Acknowledgement File Acceptance Code equals "Exception." The acceptance code indicates that this return has been previously rejected and this subsequent submission still has invalid data.

Line 4 - Payment Acknowledgement Literal - Check box 4 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field equals "Payment Request Received."

Line 5 - Payment Acknowledgement Literal - Check box 5 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field does not equal "Payment Request Received." If box 5 is checked, inform the taxpayer that he/she must pay by check, money order, debit card, or credit card.

Note: EROs can use the Acknowledgement File information, translated by the transmitter, to complete Form 9325.

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

| | | |
|---|--------------------------------|---|
| Your first name and middle initial CHARAN K | Last name SUNKUREDDY | Your social security number 503-61-6539 |
| If joint return, spouse's first name and middle initial VINEELA | Last name NACHUKURI | Spouse's social security number 771-25-5859 |
| Home address (number and street). If you have a P.O. box, see instructions. 30 PAINTED LADY WAY | | Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse |
| City, town, or post office. If you have a foreign address, also complete spaces below. CLARKSBURG | State MD | |
| Foreign country name | Foreign province/state/county | |

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** Were born before January 2, 1958 Are blind **Spouse:** Was born before January 2, 1958 Is blind

| Dependents (see instructions): If more than four dependents, see instructions and check here <input type="checkbox"/> | (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) Check if qualifies for (see instructions): | |
|--|----------------|-------------------|----------------------------|-------------------------|--|-----------------------------|
| | | | | | Child tax credit | Credit for other dependents |
| | ADVIK | SUNKUREDDY | 579-55-1827 | SON | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | CHAYANK | SUNKUREDDY | 724-54-5481 | SON | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

| Income | 1a | 1b | 1c | 1d | 1e | 1f | 1g | 1h | 1i | 1z |
|---|-----------|----|----|----|----|----|----|----|-----------|----------------|
| 1a Total amount from Form(s) W-2, box 1 (see instructions) | | | | | | | | | | 110,776 |
| b Household employee wages not reported on Form(s) W-2 | | | | | | | | | | |
| c Tip income not reported on line 1a (see instructions) | | | | | | | | | | |
| d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | | | | | | | | | | |
| e Taxable dependent care benefits from Form 2441, line 26 | | | | | | | | | | 4,860 |
| f Employer-provided adoption benefits from Form 8839, line 29 | | | | | | | | | | |
| g Wages from Form 8919, line 6 | | | | | | | | | | |
| h Other earned income (see instructions) | | | | | | | | | | |
| i Nontaxable combat pay election (see instructions) | | | | | | | | | 1i | |
| z Add lines 1a through 1h | | | | | | | | | | 115,636 |
| 2a Tax-exempt interest | 2a | | | | | | | | | |
| 3a Qualified dividends | 3a | | | | | | | | | |
| 4a IRA distributions | 4a | | | | | | | | | |
| 5a Pensions and annuities | 5a | | | | | | | | | |
| 6a Social security benefits | 6a | | | | | | | | | |
| c If you elect to use the lump-sum election method, check here (see instructions) | | | | | | | | | | |
| 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here | | | | | | | | | | |
| 8 Other income from Schedule 1, line 10 | | | | | | | | | | |
| 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | | | | | | | | | | 115,636 |
| 10 Adjustments to income from Schedule 1, line 26 | | | | | | | | | | |
| 11 Subtract line 10 from line 9. This is your adjusted gross income | | | | | | | | | | 115,636 |
| 12 Standard deduction or itemized deductions (from Schedule A) | | | | | | | | | | 25,900 |
| 13 Qualified business income deduction from Form 8995 or Form 8995-A | | | | | | | | | | |
| 14 Add lines 12 and 13 | | | | | | | | | | 25,900 |
| 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income | | | | | | | | | | 89,736 |

Table with columns for line numbers (16-24) and amounts. Section: Tax and Credits. Total tax: 6,974.

Table with columns for line numbers (25-33) and amounts. Section: Payments. Total payments: 7,097.

If you have a qualifying child, attach Sch. EIC.

Table with columns for line numbers (34-36) and amounts. Section: Refund. Amount of refund: 123.

Table with columns for line numbers (37-38) and amounts. Section: Amount You Owe. Amount owed: 0.

Third Party Designee section. Includes checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section. Includes declaration and signature fields for preparer and spouse.

Paid Preparer Use Only section. Includes fields for preparer's name, firm name, address, and EIN.

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2022

Attachment
Sequence No. **01**

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

CHARAN K SUNKUREDDY & VINEELA NACHUKURI

Your social security number

503-61-6539

Part I Additional Income

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

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

Schedule 1 (Form 1040) 2022

Part II Adjustments to Income

| | | | | |
|------------|--|------------|------------|---|
| 11 | Educator expenses | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | | 12 | |
| 13 | Health savings account deduction. Attach Form 8889 | | 13 | 0 |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | | 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | 15 | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | 16 | |
| 17 | Self-employed health insurance deduction | | 17 | |
| 18 | Penalty on early withdrawal of savings | | 18 | |
| 19a | Alimony paid | | 19a | |
| b | Recipient's SSN | | | |
| c | Date of original divorce or separation agreement (see instructions): _____ | | | |
| 20 | IRA deduction | | 20 | |
| 21 | Student loan interest deduction | | 21 | |
| 22 | Reserved for future use | | 22 | |
| 23 | Archer MSA deduction | | 23 | |
| 24 | Other adjustments: | | | |
| a | Jury duty pay (see instructions) | 24a | | |
| b | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit | 24b | | |
| c | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m | 24c | | |
| d | Reforestation amortization and expenses | 24d | | |
| e | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e | | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | | |
| g | Contributions by certain chaplains to section 403(b) plans | 24g | | |
| h | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) | 24h | | |
| i | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations | 24i | | |
| j | Housing deduction from Form 2555 | 24j | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) | 24k | | |
| z | Other adjustments. List type and amount: _____ | 24z | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | | 26 | 0 |

Child and Dependent Care Expenses

2022

Attachment
 Sequence No. **21**

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

Go to www.irs.gov/Form2441 for instructions and the latest information.

Name(s) shown on return: **CHARAN K SUNKUREDDY & VINEELA NACHUKURI**

Your social security number: **503-61-6539**

A You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under *Married Persons Filing Separately*. If you meet these requirements, check this box

B If you or your spouse was a student or was disabled during 2022 and you're entering deemed income of \$250 or \$500 a month on Form 2441 based on the income rules listed in the instructions under *If You or Your Spouse Was a Student or Disabled*, check this box

Part I **Persons or Organizations Who Provided the Care - You must complete this part.**
 If you have more than three care providers, see the instructions and check this box

| 1 (a) Care provider's name | (b) Address (number, street, apt. no., city, state, and ZIP code) | (c) Identifying number (SSN or EIN) | (d) Was the care provider your household employee in 2022? For example, this generally includes nannies but not daycare centers. (see instructions) | (e) Amount paid (see instructions) |
|----------------------------|--|--|---|---------------------------------------|
| NONE | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Did you receive dependent care benefits? **No** → Complete only Part II below.
 Yes → Complete Part III on page 2 next.

Caution: If the care provider is your household employee, you may owe employment taxes. For details, see the instructions for Schedule H (Form 1040). If you incurred care expenses in 2022 but didn't pay them until 2023, or if you prepaid in 2022 for care to be provided in 2023, don't include these expenses in column (d) of line 2 for 2022. See the instructions.

Part II **Credit for Child and Dependent Care Expenses**

2 Information about your **qualifying person(s)**. If you have more than three qualifying persons, see the instructions and check this box

| (a) Qualifying person's name | | (b) Qualifying person's social security number | (c) Check here if the qualifying person was over age 12 and was disabled. (see instructions) | (d) Qualified expenses you incurred and paid in 2022 for the person listed in column (a) |
|------------------------------|------|--|---|--|
| First | Last | | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | |

3 Add the amounts in column (d) of line 2. **Don't** enter more than \$3,000 if you had one qualifying person or \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31

4 Enter your **earned income**. See instructions

5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4

6 Enter the **smallest** of line 3, 4, or 5

7 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 **7**

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7.

| If line 7 is: | | | If line 7 is: | | | If line 7 is: | | |
|---------------|--------------|-------------------|---------------|--------------|-------------------|---------------|--------------|-------------------|
| Over | But not over | Decimal amount is | Over | But not over | Decimal amount is | Over | But not over | Decimal amount is |
| \$0- | 15,000 | .35 | \$25,000- | 27,000 | .29 | \$37,000- | 39,000 | .23 |
| 15,000- | 17,000 | .34 | 27,000- | 29,000 | .28 | 39,000- | 41,000 | .22 |
| 17,000- | 19,000 | .33 | 29,000- | 31,000 | .27 | 41,000- | 43,000 | .21 |
| 19,000- | 21,000 | .32 | 31,000- | 33,000 | .26 | 43,000- | No limit | .20 |
| 21,000- | 23,000 | .31 | 33,000- | 35,000 | .25 | | | |
| 23,000- | 25,000 | .30 | 35,000- | 37,000 | .24 | | | |

9a Multiply line 6 by the decimal amount on line 8

b If you paid 2021 expenses in 2022, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c

c Add lines 9a and 9b and enter the result

10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions **10** **10,974**

11 **Credit for child and dependent care expenses.** Enter the **smaller** of line 9c or line 10 here and on Schedule 3 (Form 1040), line 2 **11** **0**

| Part III Dependent Care Benefits | | | |
|--|---|-----------|---------|
| 12 | Enter the total amount of dependent care benefits you received in 2022. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Don't include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership | 12 | 4,860 |
| 13 | Enter the amount, if any, you carried over from 2020 and/or 2021 and used in 2022. See instructions | 13 | |
| 14 | If you forfeited or carried over to 2023 any of the amounts reported on line 12 or 13, enter the amount. See instructions | 14 | () |
| 15 | Combine lines 12 through 14. See instructions | 15 | 4,860 |
| 16 | Enter the total amount of qualified expenses incurred in 2022 for the care of the qualifying person(s) | 16 | |
| 17 | Enter the smaller of line 15 or 16 | 17 | |
| 18 | Enter your earned income . See instructions | 18 | 110,776 |
| 19 | Enter the amount shown below that applies to you. <ul style="list-style-type: none"> • If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5). • If married filing separately, see instructions. • All others, enter the amount from line 18. | 19 | |
| 20 | Enter the smallest of line 17, 18, or 19 | 20 | |
| 21 | Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19). If you entered an amount on line 13, add it to the \$5,000 or \$2,500 amount you enter on line 21. However, don't enter more than the maximum amount allowed under your dependent care plan. If your dependent care plan uses a non-calendar plan year, see instructions | 21 | 5,000 |
| 22 | Is any amount on line 12 or 13 from your sole proprietorship or partnership? <input checked="" type="checkbox"/> No. Enter -0-. <input type="checkbox"/> Yes. Enter the amount here | 22 | 0 |
| 23 | Subtract line 22 from line 15 | 23 | 4,860 |
| 24 | Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions | 24 | 0 |
| 25 | Excluded benefits. If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0- | 25 | |
| 26 | Taxable benefits. Subtract line 25 from line 23. If zero or less, enter -0-. Also, enter this amount on Form 1040, 1040-SR, or Form 1040-NR, line 1e | 26 | 4,860 |
| To claim the child and dependent care credit, complete lines 27 through 31 below. | | | |
| 27 | Enter \$3,000 (\$6,000 if two or more qualifying persons) | 27 | |
| 28 | Add lines 24 and 25 | 28 | |
| 29 | Subtract line 28 from line 27. If zero or less, stop . You can't take the credit. Exception. If you paid 2021 expenses in 2022, see the instructions for line 9b | 29 | |
| 30 | Complete line 2 on page 1 of this form. Don't include in column (d) any benefits shown on line 28 above. Then, add the amounts in column (d) and enter the total here | 30 | |
| 31 | Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on page 1 of this form and complete lines 4 through 11 | 31 | |

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

| | | | | |
|------------|--|------------|------------|---|
| 15 | Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27. | | | |
| 16a | Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B and enter -0- on line 27 | | 16a | 0 |
| b | Number of qualifying children under 17 with the required social security number: _____ x \$1,500. Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 | | 16b | |
| | TIP: The number of children you use for this line is the same as the number of children you used for line 4. | | | |
| 17 | Enter the smaller of line 16a or line 16b | | 17 | |
| 18a | Earned income (see instructions) | 18a | | |
| b | Nontaxable combat pay (see instructions) | 18b | | |
| 19 | Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result | | 19 | |
| 20 | Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$4,500 or more? <input type="checkbox"/> No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21. | | 20 | |

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

| | | | | |
|-----------|--|-----------|-----------|--|
| 21 | Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions | | | |
| 22 | Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 | 22 | | |
| 23 | Add lines 21 and 22 | 23 | | |
| 24 | 1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. } | 24 | | |
| 25 | Subtract line 24 from line 23. If zero or less, enter -0- | | 25 | |
| 26 | Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27. | | 26 | |

Part II-C Additional Child Tax Credit

| | | | | |
|-----------|--|-----------|--|---|
| 27 | This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28 | | | |
| | | 27 | | 0 |

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8889 for instructions and the latest information.

2022
Attachment
Sequence No. **52**

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

Social security number of HSA beneficiary.
If both spouses have HSAs, see instructions.

CHARAN K SUNKUREDDY & VINEELA NACHUKURI

503-61-6539

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

| | | | |
|----|--|------------------------------------|--|
| 1 | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions | <input type="checkbox"/> Self-only | <input checked="" type="checkbox"/> Family |
| 2 | HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions | 2 | |
| 3 | If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others , see the instructions for the amount to enter | 3 | 7,300 |
| 4 | Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs | 4 | |
| 5 | Subtract line 4 from line 3. If zero or less, enter -0- | 5 | 7,300 |
| 6 | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter | 6 | 7,300 |
| 7 | If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions | 7 | |
| 8 | Add lines 6 and 7 | 8 | 7,300 |
| 9 | Employer contributions made to your HSAs for 2022 | 9 | 6,000 |
| 10 | Qualified HSA funding distributions | 10 | |
| 11 | Add lines 9 and 10 | 11 | 6,000 |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 | 1,300 |
| 13 | HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 | 13 | |

Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

| | | | |
|-----|--|------------|--------------|
| 14a | Total distributions you received in 2022 from all HSAs (see instructions) | 14a | 6,059 |
| b | Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions | 14b | |
| c | Subtract line 14b from line 14a | 14c | 6,059 |
| 15 | Qualified medical expenses paid using HSA distributions (see instructions) | 15 | 6,059 |
| 16 | Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f | 16 | 0 |
| 17a | If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input type="checkbox"/> | | |
| b | Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c | 17b | |

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

| | | | |
|----|--|-----------|--|
| 18 | Last-month rule | 18 | |
| 19 | Qualified HSA funding distribution | 19 | |
| 20 | Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f | 20 | |
| 21 | Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d | 21 | |

| | | | | | | | | | | | |
|---|--|---|--|--|--|---|--|--|--|---|--|
| | | a Employee's social security number 503-61-6539 | | OMB No. 1545-0008 | | Safe, accurate, FAST! Use | | IRS e-file | | Visit the IRS website at www.irs.gov/efile | |
| b Employer identification number (EIN) 54-2014785 | | | | 1 Wages, tips, other compensation 55,307 | | | | 2 Federal income tax withheld 3,263 | | | |
| c Employer's name, address, and ZIP code GUIDEHOUSE DIGITAL LLC 1676 INTERNATIONAL DR MCLEAN VA 22102 | | | | 3 Social security wages 57,956 | | | | 4 Social security tax withheld 3,593 | | | |
| | | | | 5 Medicare wages and tips 57,956 | | | | 6 Medicare tax withheld 840 | | | |
| | | | | 7 Social security tips | | | | 8 Allocated tips | | | |
| d Control number | | | | 9 | | | | 10 Dependent care benefits 2,430 | | | |
| e Employee's first name and initial CHARAN K | | Last name SUNKUREDDY | | Suff. | | 11 Nonqualified plans | | | | 12a See instructions for box 12 C 112 | |
| 30 PAINTED LADY WAY CLARKSBURG MD 20871 | | MD 20871 | | | | 13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/> | | | | 12b D 2,649 | |
| | | | | | | 14 Other | | | | 12c W 4,503 | |
| | | | | | | | | | | 12d DD 21,312 | |
| f Employee's address and ZIP code | | | | | | | | | | | |
| 15 State Employer's state ID number MD 15013664 | | 16 State wages, tips, etc. 55,307 | | 17 State income tax 4,061 | | 18 Local wages, tips, etc. | | 19 Local income tax | | 20 Locality name | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Form **W-2** Wage and Tax Statement **2022**

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

EEA The information on this Form W-2 was used to prepare the taxpayer's 2022 Federal tax return by V TAX FILING LIMITED P

| | | | | | | | | | | | |
|---|--|---|--|--|--|---|--|--|--|---|--|
| | | a Employee's social security number 503-61-6539 | | OMB No. 1545-0008 | | Safe, accurate, FAST! Use | | IRS e-file | | Visit the IRS website at www.irs.gov/efile | |
| b Employer identification number (EIN) 26-3362563 | | | | 1 Wages, tips, other compensation 55,469 | | | | 2 Federal income tax withheld 3,834 | | | |
| c Employer's name, address, and ZIP code MEDICAL SCIENCE & COMPUTING LLC 1700 ROCKVILLE PIKE 600 ROCKVILLE MD 208525061 | | | | 3 Social security wages 58,035 | | | | 4 Social security tax withheld 3,598 | | | |
| | | | | 5 Medicare wages and tips 58,035 | | | | 6 Medicare tax withheld 842 | | | |
| | | | | 7 Social security tips | | | | 8 Allocated tips | | | |
| d Control number | | | | 9 | | | | 10 Dependent care benefits | | | |
| e Employee's first name and initial CHARAN K R | | Last name SUNKUREDDY | | Suff. | | 11 Nonqualified plans | | | | 12a See instructions for box 12 C 111 | |
| 30 PAINTED LADY WAY CLARKSBURG MD 20871 | | MD 20871 | | | | 13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/> | | | | 12b D 2,566 | |
| | | | | | | 14 Other | | | | 12c W 1,497 | |
| | | | | | | | | | | | |
| f Employee's address and ZIP code | | | | | | | | | | | |
| 15 State Employer's state ID number MD 13948061 | | 16 State wages, tips, etc. 55,469 | | 17 State income tax 4,050 | | 18 Local wages, tips, etc. | | 19 Local income tax | | 20 Locality name | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Form **W-2** Wage and Tax Statement **2022**

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

EEA The information on this Form W-2 was used to prepare the taxpayer's 2022 Federal tax return by V TAX FILING LIMITED P

V TAX FILING LIMITED PARTNERSHIP

55 N CALDER WAY
Phoenixville, PA 19460

Phone: (610)508-4455 | Fax:

May 19, 2023

Charan K Sunkureddy & Vineela Nachukuri
30 Painted Lady Way
Clarksburg, MD 20871

Charan K Sunkureddy & Vineela Nachukuri:

Below is a summary of your 2022 tax year.

| Return Type | Refund/Balance Due | Transaction Method |
|---------------------|--------------------|--------------------------|
| Federal Income Tax | \$123 Refund | Direct Deposit to **3244 |
| Maryland Income Tax | \$374 Refund | Direct Deposit to **3244 |

The following returns will be e-filed and do not need to be mailed to the taxing authority:

- * Maryland Income Tax

The following returns were e-filed and accepted:

- * Federal Income Tax - accepted April 12, 2023

Sincerely,

Praveen Kumar Kailasa
V TAX FILING LIMITED PARTNERSHIP

2022 MD502 Filing Instructions
CHARAN K SUNKUREDDY & VINEELA NACHUKURI

Form filed:

MD502 and supplemental forms and schedules

Filing method:

Your return has been e-filed, do not mail your return

Due date:

04-18-2023

Refund:

\$374.00

Transaction method:

The refund will be directly deposited into your checking account at Td Bank ending in 3244.

Other instructions:

Electronically filed voucher, Do NOT mail. This estimated voucher is for your documentation purposes ONLY.



225020020

\$

OR FISCAL YEAR BEGINNING _____ 2022, ENDING _____

503616539

Your Social Security Number

771255859

Spouse's Social Security Number

CHARAN

Your First Name

K

MI

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 www.ssa.gov.

SUNKUREDDY

Your Last Name

VINEELA

Spouse's First Name

MI

NACHUKURI

Spouse's Last Name

30 PAINTED LADY WAY

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

CLARKSBURG

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

City or Town

MD

State

20871

ZIP Code + 4

Foreign Country Name

Foreign Province/State/County

Foreign Postal Code

REQUIRED: Maryland Physical address of taxing area as of December 31, 2022 or last day of the taxable year for fiscal year taxpayers. See Instruction 6. Part-year residents see Instruction 26.

1600

4 Digit Political Subdivision Code (See Instruction 6)

Maryland Political Subdivision (See Instruction 6)

30 PAINTED LADY WAY

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)

CLARKSBURG

City

MD

State

20871

ZIP Code + 4

MG

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 widow(er) with dependent child
6. Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 7.)

PART-YEAR RESIDENT

See Instruction 26.

Dates of Maryland Residence (MM DD YYYY) FROM TO

Other state of residence:

If you began or ended legal residence in Maryland in 2022 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:



225020120

NAME SUNKUREDDY SSN 503616539

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. \$ 6400 .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. \$ 6400 .00

D. Enter Total Exemptions (Add A, B and C.) Total Amount . . D. \$ 12800 .00

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 the Maryland Health Benefit Exchange for the purpose of determining pre-eligibility for no-cost or low-cost health care coverage.

E-mail address

MARYLAND HEALTH CARE COVERAGE

See Instruction 3.

INCOME

See Instruction 11.

1. Adjusted gross income from your federal return ▶ 1. 115636 .00

1a. Wages, salaries and/or tips ▶ 1a. 115636 .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 \$10,300 ▶

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. 115636 .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. Pension exclusion from worksheet (13E) Yourself Spouse ▶ 10b. _____ .00

11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 ▶ 11. _____ .00

12. Income received during period of nonresidence (See Instruction 26.) ▶ 12. _____ .00

13. Subtractions from attached Form 502SU ▶ . . . ▶ 13. _____ .00

14. Two-income subtraction from worksheet in Instruction 13 ▶ 14. _____ .00

15. Total subtractions (Add lines 8 through 14. See instructions.) ▶ 15. _____ .00

16. Maryland adjusted gross income (Subtract line 15 from line 7.) ▶ 16. 115636 .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. 4850 .00

18. Net income (Subtract line 17 from line 16.) ▶ 18. 110786 .00

19. Exemption amount from Exemptions area (See Instruction 10.) ▶ 19. 12800 .00

20. Taxable net income (Subtract line 19 from line 18.) ▶ 20. 97986 .00



225020220

NAME SUNKUREDDY SSN 503616539

| | | | | |
|--|--|--|------|-----|
| MARYLAND TAX COMPUTATION | 21. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II) | 21. | 4601 | .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 (Subtract line 26 from line 21.) If less than 0, enter 0 | 27. | 4601 | .00 | |
| LOCAL TAX COMPUTATION | 28. Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by your local tax rate .0 <u>320</u> or use the Local Tax Worksheet | 28. | 3136 | .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. | 3136 | .00 |
| 34. Total Maryland and local tax (Add lines 27 and 33.) | 34. | 7737 | .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. | 7737 | .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. | 8111 | .00 |
| | 41. 2022 estimated tax payments, amount applied from 2021 return, payment made with an extension request, and Form MW506NRS | ▶ 41. | | .00 |
| | 42. Refundable earned income credit (from worksheet in Instruction 21) | ▶ 42. | | .00 |
| | 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. | | .00 |
| | 44. Total payments and credits (Add lines 40 through 43.) | 44. | 8111 | .00 |
| | 45. Balance due (If line 39 is more than line 44, subtract line 44 from line 39. See Instruction 22.) | ▶ 45. | | .00 |
| | 46. Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.) | ▶ 46. | 374 | .00 |
| REFUND | 47. Amount of overpayment TO BE APPLIED TO 2023 ESTIMATED TAX. | ▶ 47. | | .00 |
| | 48. Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 47 from line 46.) See line 51 | REFUND ▶ 48. | 374 | .00 |
| 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. | | .00 |
| | 50. TOTAL AMOUNT DUE (Add lines 45 and 49.) IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV. | 50. | | .00 |



225020320

NAME SUNKUREDDY SSN 503616539

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. **For Splitting 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) ▶ 054001725

51c. Account Number ▶ 4407693244

51d. Name(s) as it appears on the bank account CHARAN K SUNKUREDDY & VINEELA NACHUKU

▶ 8134073873 _____ _____
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 _____

PRAVEEN KUMAR KAILASA
Printed name of the Preparer / or Firm's name

Signature of preparer other than taxpayer (Required by Law)

Spouse's signature _____ Date _____

55 N CALDER WAY
Street address of preparer or Firm's address

PHOENIXVILLE, PA 19460
City, State, ZIP Code + 4

6105084455 ▶ P01699653
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 check or money order to Form PV. Make checks payable to Comptroller of Maryland. Do not attach Form PV or check/money order to Form 502. Place Form PV with attached check/moneyorder 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.

