



181010013

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.

ROHITH First Name MI NALLA Last Name 855318487 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 2019 estimated tax ... 1.
2. Amount of overpayment to be refunded to you ... REFUND 2. 401
3. Total amount due (Pay in full by April 15, 2019. See instructions.) ... 3.

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 2018 Maryland electronic income tax return.

Your PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter or generate my PIN 18487 as my signature on my tax year 2018 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2018 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 2018 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2018 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. 58727812345

I certify this numeric entry is my PIN, which is my signature for the tax year 2018 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



185020013

OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2018, ENDING \_\_\_\_\_

855318487 Your Social Security Number Spouse's Social Security Number

ROHITH Your First Name MI

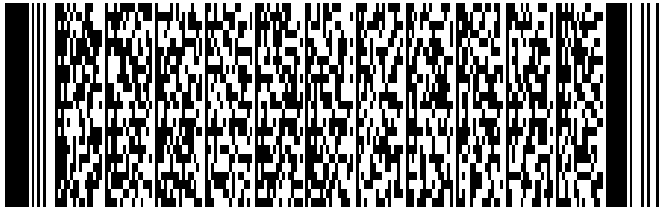
NALLA Your Last Name

Spouse's First Name MI

Spouse's Last Name

3021 DREWSKY LN Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

303 FORT MILL SC 29715 Current Mailing Address Line 2 (Apt No., Suite No., Floor No.) City or Town State ZIP Code + 4



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.

REQUIRED: Maryland Physical address as of December 31, 2018 or last day of the taxable year for fiscal year taxpayers. See Instruction 6. Part-year residents see Instruction 26.

1609 CITY OF ROCKVILLE 4 Digit Political Subdivision Code (See Instruction 6) Maryland Political Subdivision (See Instruction 6)

1001 ROCK VILLE PIKE 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)

ROCKVILLE MD 20852 MONTGOMERY 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 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 2018 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:

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. [X] Yourself [ ] Spouse Enter number checked 1 See Instruction 10 A. \$ 3200
B. [ ] 65 or over [ ] 65 or over
[ ] Blind [ ] Blind Enter number checked X \$1,000 B. \$
C. Enter number from line 3 of Dependent Form 502B See Instruction 10 C. \$
D. Enter Total Exemptions (Add A, B and C.) 1 Total Amount D. \$ 3200



185020113

NAME ROHITH NALLA

SSN 855318487

<b>INCOME</b> See Instruction 11.	1. Adjusted gross income from your federal return . . . . .	▶ 1.	<u>37089</u>	
	1a. Wages, salaries and/or tips . . . . .	▶ 1a.	<u>37089</u>	
	1b. Earned income . . . . .	▶ 1b.	_____	
	1c. Capital Gain or (loss) . . . . .	▶ 1c.	_____	
	1d. Taxable Pensions, IRAs, Annuities (Attach Form 502R.) ▶ 1d.	_____	_____	
<b>1e. Place a "Y" in this box if the amount of your investment income is more than \$3,500.</b> . . . . .		▶	<input type="checkbox"/>	
<b>ADDITIONS TO INCOME</b> See Instruction 12.	2. Tax-exempt interest on state and local obligations (bonds) other than Maryland . . . . .	▶ 2.	_____	
	3. State retirement pickup . . . . .	▶ 3.	_____	
	4. Lump sum distributions (from worksheet in Instruction 12.) . . . . .	▶ 4.	_____	
	5. Other additions (Enter code letter(s) from Instruction 12.) ▶ _____	▶ 5.	_____	
	6. Total additions to Maryland income (Add lines 2 through 5.) . . . . .	▶ 6.	_____	
	7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.) . . . . .	▶ 7.	<u>37089</u>	
	<b>SUBTRACTIONS FROM INCOME</b> See Instruction 13.	8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 . . . . .	▶ 8.	_____
9. Child and dependent care expenses . . . . .		▶ 9.	_____	
10a. Pension exclusion from worksheet (13A) . . . . . Yourself ▶ <input type="checkbox"/> Spouse ▶ <input type="checkbox"/>		▶ 10a.	_____	
10b. Pension exclusion from worksheet (13E) . . . . . Yourself ▶ <input type="checkbox"/> Spouse ▶ <input type="checkbox"/>		▶ 10b.	_____	
11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 . . . . .		▶ 11.	_____	
12. Income received during period of nonresidence (See Instruction 26.) . . . . .		▶ 12.	_____	
13. Subtractions from attached Form 502SU . . . . .		▶ 13.	_____	
14. Two-income subtraction from worksheet in Instruction 13 . . . . .		▶ 14.	_____	
15. Total subtractions from Maryland income (Add lines 8 through 14.) . . . . .		▶ 15.	_____	
16. Maryland adjusted gross income (Subtract line 15 from line 7.) . . . . .		▶ 16.	<u>37089</u>	
<b>All taxpayers must select one method and check the appropriate box.</b>				
<b>DEDUCTION METHOD</b> See Instruction 16.		▶ <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.)		
		17a. Total federal itemized deductions (from line 17, federal Schedule A) . . . . .	▶ 17a.	_____
		17b. State and local income taxes (See Instruction 14.) . . . . .	▶ 17b.	_____
		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.	<u>2250</u>		
<b>MARYLAND TAX COMPUTATION</b>	18. Net income (Subtract line 17 from line 16.) . . . . .	▶ 18.	<u>34839</u>	
	19. Exemption amount from Exemptions area (See Instruction 10.) . . . . .	▶ 19.	<u>3200</u>	
	20. Taxable net income (Subtract line 19 from line 18.) . . . . .	▶ 20.	<u>31639</u>	
	21. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II) . . . . .	▶ 21.	<u>1450</u>	
<b>LOCAL TAX COMPUTATION</b>	22. Earned income credit (EIC)(See Instruction 18.) . . . . .	▶ 22.	_____	
	23. Poverty level credit (See Instruction 18.) . . . . .	▶ 23.	_____	
	24. Other income tax credits for individuals from Part AA, line 12 of Form 502CR (Attach Form 502CR.)	▶ 24.	_____	
	25. Business tax credits . . . . . <b>You must file this form electronically to claim business tax credits on Form 500CR.</b>	▶ 25.	_____	
	26. Total credits (Add lines 22 through 25.) . . . . .	▶ 26.	_____	
	27. Maryland tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0. . . . .	▶ 27.	<u>1450</u>	
<b>CONTRIBUTIONS</b> See Instruction 20.	28. Local tax (See Instruction 19 for tax rates and worksheet.) <b>Multiply line 20 by your local tax rate .0 0320</b> or use the Local Tax Worksheet . . . . .	▶ 28.	<u>1012</u>	
	29. Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) . . . . .	▶ 29.	_____	
	30. Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) . . . . .	▶ 30.	_____	
	31. Local tax credit from Part BB, line 1 of Form 502CR (Attach Form 502CR.) . . . . .	▶ 31.	_____	
	32. Total credits (Add lines 29 through 31.) . . . . .	▶ 32.	_____	
	33. Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0 . . . . .	▶ 33.	<u>1012</u>	
	34. Total Maryland and local tax (Add lines 27 and 33.) . . . . .	▶ 34.	<u>2462</u>	
35. Contribution to Chesapeake Bay and Endangered Species Fund . . . . .	▶ 35.	_____		
36. Contribution to Developmental Disabilities Services and Support Fund . . . . .	▶ 36.	_____		
37. Contribution to Maryland Cancer Fund . . . . .	▶ 37.	_____		
38. Contribution to Fair Campaign Financing Fund . . . . .	▶ 38.	_____		
<b>39. Total Maryland income tax, local income tax and contributions</b> (Add lines 34 through 38.) . . . . .		▶ 39.	<u>2462</u>	



185020213

NAME ROHITH NALLA SSN 855318487

Table with 2 columns: Description and Amount. Rows include 40-44 (Total Maryland and local tax withheld, 2018 estimated tax payments, Refundable earned income credit, Refundable income tax credits, Total payments and credits), 45-46 (Balance due, Overpayment), 47-49 (Refund details), and 50 (TOTAL AMOUNT DUE).

DIRECT DEPOSIT OF REFUND (See Instruction 22.) Be sure the account information is correct. For Splitting Direct Deposit, see Form 588. If this refund will go to an account outside of the United States, then to comply with banking rules, place a "Y" in this box and see Instruction 22. For the direct deposit option, complete the following information clearly and legibly.

51a. Type of account: [X] Checking [ ] Savings

51b. Routing Number (9-digits) 111000025 51c. Account Number 488056385993

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.

Signatures and dates for taxpayer, spouse, and preparer. Preparer address: 2530 PEBBLE CREEK LN, CUMMING GA 30041. Telephone number: 02090332. Preparer's PTIN: 02090332.

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/money order on TOP of Form 502 and mail to: Comptroller of Maryland, Payment Processing, PO Box 8888, Annapolis, MD 21401-8888.

Maryland Information Worksheet

2018

Keep for your records

Part I - Personal Information

Taxpayer:

First Name . . . . . ROHITH
Middle Initial . . . . . Suffix . . . . .
Last Name . . . . . NALLA
Social Security No. . . . . 855-31-8487

65/Over . . [ ] Blind . . [ ] Disabled . . [ ]

Daytime Phone . . . . . (312) 871-1962 \* [ ]
Home Phone . . . . . \* [ ]

\* Check these boxes to print daytime and/or home phone numbers on the government forms.

Spouse:

First Name . . . . .
Middle Initial . . . . . Suffix . . . . .
Last Name . . . . .
Social Security No. . . . .

65/Over . . [ ] Blind . . [ ] Disabled . . [ ]

Daytime Phone . . . . . \* [ ]

Street Address . . . . . 3021 DREWSKY LN Apt Number . . . . . 303
City or Town . . . . . FORT MILL
State . . . . . SC ZIP Code . . . . . 29715
Foreign Code . . . . . Foreign Country . Foreign Zip Code .

Locality Information:

Maryland county (Baltimore City residents leave blank.) . . . . . MONTGOMERY
City, town or taxing area (If not listed, leave blank.) . . . . . ROCKVILLE
Local tax rate . . . . . 0.0320

If taxpayer and spouse taxing areas are different, check the '2 tax areas' box and enter the Maryland county for taxpayer and spouse. Enter BCITY if taxing area is Baltimore City.

[ ] 2 tax areas
Taxpayer . . . . .
Spouse . . . . .

Maryland physical address on December 31, 2018 (or last day of Maryland residency)

4 Digit Political Subdivision Code
1609
Physical Street Address Line 1 (Street No. and Name) (No PO Box)
1001 ROCK VILLE PIKE
Physical Street Address Line 2 (Apt. No., Ste No., etc.) (No PO Box)
City or Town State ZIP Code
ROCKVILLE MD 20852

Check to confirm address information is correct . . . . . [X]

Part II - Main Form

[X] Form 502: Resident Tax Return (Long form) . . . . .
[ ] Form 505: Nonresident Tax Return . . . . .

1 a State of legal residence . . . . .

Yes No

b [ ] [ ] Were you a resident of that state the entire year of 2018?

c [ ] [ ] Did you file a Maryland income tax return for 2017?

Resident Nonresident

d If Yes, was it [ ] [ ]

e Dates of Maryland residence in 2018:
from . . . . . to . . . . . Check if 'none' . . [ ]

Yes No

f [ ] [ ] Are you or your spouse a member of the military?

g If Pennsylvania resident, enter Pennsylvania city . . . . .

h If Pennsylvania resident, enter Pennsylvania county . . . . .

[ ] Form 502: Part-Year Resident Tax Return . . . . .

2 a Other state of residence . . . . .
b Dates of Maryland residence . . . . . from . . . . . to . . . . .
c Number of months in residence . . . . . Taxpayer. . . . . Spouse . . . . . Average . . . . .

d If you received pension income, number of months . . . Taxpayer. \_\_\_\_ Spouse . \_\_\_\_

### Part III – Filing Status

- 1 Single (if you can be claimed on another person's return, use filing status 6)  
 2 Married filing joint return or spouse had no income  
 3 Married filing separately. Spouse's social security number . . . \_\_\_\_\_  
 4 Head of household  
 5 Qualifying widow(er) with dependent child  
 6 Dependent taxpayer

### Part IV – Other Information

- 1 At least two-thirds of gross income is derived from farming or fishing  
 2 You want the Maryland Revenue Administration Division to figure the underpayment penalty Form 502UP (see Tax Help for more information)
- Yes No**  
  3 Do you want to itemize even if itemized deductions are less than the standard deduction? \*  
  4 Do you want to take the standard deduction even if less than itemized deductions? \*
- \* Answer "Yes" to only one of questions 3 and 4 above, not both. (See Tax Help for more information.)
- 5 Enter tax liability from 2017 Form 502, line 34,  
or Form 505, line 37. (Enter '0' if no tax was owed) . . . . . \_\_\_\_\_  
6 Enter nonresident tax paid by pass-through entities from 2017  
Form 505, line 45 . . . . . \_\_\_\_\_  
 8 You agree to receive your statement of refund (Form 1099-G) electronically (see Tax Help)

### Part V – Decedent Information

Taxpayer date of death . . . . . \_\_\_\_\_  
Spouse date of death . . . . . \_\_\_\_\_

**Taxpayer Spouse**  
  If the taxpayer or spouse is deceased, you are acting as a 'personal representative' for the deceased

Name/title of taxpayer's personal representative . . . \_\_\_\_\_  
Name/title of spouse's personal representative . . . \_\_\_\_\_

### Part VI – Military Information – Form 502

#### Taxpayer:

- Yes No**  
1 a   Active duty military?  
b If Maryland is your home of record and you were stationed overseas during the tax year, what is your:  
1 Amount of military pay attributable to service outside the United States included in federal gross income . . . . . \_\_\_\_\_  
2 Total military pay received during the tax year . . . . . \_\_\_\_\_
- Yes No**  
c   In combat zone?  
d   Killed in action?

#### Spouse:

- Yes No**  
2 a   Active duty military?  
b If Maryland is your home of record and you were stationed overseas during the tax year, what is your:  
1 Amount of military pay attributable to service outside the United States included in federal gross income . . . . . \_\_\_\_\_  
2 Total military pay received during the tax year . . . . . \_\_\_\_\_
- Yes No**  
c   In combat zone?  
d   Killed in action?

**Part VII – Electronic Filing Information**

**New! State e-file disclosure consent:**

*By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the Comptroller of Maryland, as applicable by law.*

1 The state return will be filed electronically

**Electronic PDF Attachments**

PDF's that you have selected to attach to your state e-file return are listed below.

Description	Filename

1 Date return was E-Filed . . . . . \_\_\_\_\_

**Yes No**

2 Does taxpayer authorize paid preparer not to file Maryland return electronically?

3 Date return was accepted by the state. . . \_\_\_\_\_

4 Date Form IND PV was given to client. . . \_\_\_\_\_

**QuickZoom** to the Maryland e-file Authentication Statement. . . . . ► \_\_\_\_\_

**Part VIII – Direct Deposit Information or Electronic Funds Withdrawal**

**Yes No**

1 Do you want Direct Deposit of state tax refund?

2 Do you want Electronic Funds Withdrawal of state tax payment (EF Only)?

If you selected direct deposit or electronic funds withdrawal, fill out the information below:

3 Name of Financial Institution (optional) . . . . Bank Of America

4 Checking account

5 Savings account

6 Routing number . . . . . 111000025

7 Account number . . . . . 488056385993

8 Payment date to withdraw from the account above. . . . \_\_\_\_\_

9 Balance due from return . . . . . \_\_\_\_\_

10 Amount to withdraw from the account above . . . . . \_\_\_\_\_

11 If partial payment is made, remaining balance due . . . . \_\_\_\_\_

**International ACH Transactions:**

**Yes No**

Will funds for this refund (or payment) go to (or come from) an account outside the U.S.?

**Part IX – Maryland Contributions**

1 Contribution to Chesapeake Bay and Endangered Species Fund. . . . . \_\_\_\_\_

2 Contribution to Developmental Disabilities Services and Support Fund . . . . \_\_\_\_\_

3 Contribution to Maryland Cancer Fund . . . . . \_\_\_\_\_

4 Contribution to Fair Campaign Financing Fund . . . . . \_\_\_\_\_

**Part X – Paid Preparer Information**

Enter the preparer's assigned code from preparer's information menu . . . . . 1

**Yes No**

Is your preparer authorized to discuss this return with us?

**Part XI – Extension Status**

<b>Yes</b>	<b>No</b>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Has the tax return due date been extended by filing IRS Form 4868?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Federal Form 4868 "Out of the Country" checkbox checked?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Has the tax return due date been extended by filing a MD extension using Form 502E?

Extended due date . . . . . \_\_\_\_\_

**Filing and acceptance information (Electronic Filing Only)**

File extension electronically?  
 Extension accepted?  
Extension filing date . . . . . \_\_\_\_\_  
Extension acceptance date . . . . . \_\_\_\_\_

**Electronic funds withdrawal amount due with extension information (Electronic Filing Only)**

<b>Yes</b>	<b>No</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Use electronic funds withdrawal of extension tax payment?

Enter settlement date to withdraw the extension amount from the account above . . . . . \_\_\_\_\_  
Balance-due amount paid with this extension . . . . . \_\_\_\_\_

**QuickZoom** to Form 502E: Automatic Extension Payment for Personal Income Tax . . . . . ► \_\_\_\_\_

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**QuickZoom** to Form 502 . . . . . ►  
**QuickZoom** to Form 505 . . . . . ►

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# Local Tax Worksheet

**2018**

▶ Keep for your records

Name as Shown on Return <u>ROHITH NALLA</u>	Social Security Number <u>855-31-8487</u>
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**Taxpayer County** . . . . . MONTGOMERY

*Enter Taxpayer County on Maryland Information Worksheet*

<b>1</b> Enter the Maryland taxable net income from line 20 . . . . .	<b>1</b>	<u>31,639.</u>
<b>2</b> Enter Maryland adjusted gross income (Form 502, line 16) . . . . .	<b>2</b>	<u>37,089.</u>
<b>3</b> Enter taxpayer portion (or total if tax areas are the same) of line 2 . . . . .	<b>3</b>	<u>37,089.</u>
<b>4</b> Percentage of taxpayer income (or 100% if tax areas are the same) to total income (line 3 divided by line 2). . . . .	<b>4</b>	<u>100.00 %</u>
<b>5</b> Maryland taxable net income attributed to taxpayer, or to both if tax areas are the same (line 1 times line 4). . . . .	<b>5</b>	<u>31,639.</u>
<b>6</b> Local income tax rate . . . . .	<b>6</b>	<u>0.0320</u>
<b>7</b> Local income tax (multiply line 5 by line 6). Enter this amount on line 28 of Form 502 . . . . .	<b>7</b>	<u>1,012.</u>

**Spouse County** . . . . . \_\_\_\_\_

*Enter Spouse County on Maryland Information Worksheet*

<b>8</b> Enter the Maryland taxable net income from line 20 of Form 502 . . . . .	<b>8</b>	_____
<b>9</b> Enter Maryland adjusted gross income (Form 502, line 16) . . . . .	<b>9</b>	_____
<b>10</b> Enter spouse portion of line 9. . . . .	<b>10</b>	_____
<b>11</b> Percentage of spouse income to total income (line 10 divided by line 9) . . . . .	<b>11</b>	_____ %
<b>12</b> Maryland taxable net income attributed to spouse (line 8 times line 11) . . . . .	<b>12</b>	_____
<b>13</b> Local income tax rate . . . . .	<b>13</b>	_____
<b>14</b> Local income tax (multiply line 12 by line 13). Add the amount on line 7 to this amount and enter on line 28 of Form 502 . . . . .	<b>14</b>	_____

# Tax Payments Worksheet

**2018**

▶ Keep for your records

Name ROHITH NALLA	Social Security Number 855-31-8487
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## Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment . . . . .		
2	Second Payment . . . . .		
3	Third Payment . . . . .		
4	Fourth Payment . . . . .		
<b>Additional Payments</b>			
5	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
6	Overpayment from previous year applied to current year . . . . .	6	
7	Amount paid with current year extension . . . . .	7	
8	<b>Total tax payments</b> . . . . .	8	

## Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2 . . . . .	9	2,863.
10	State withholding on Forms W-2G . . . . .	10	
11	State withholding on Forms 1099-R . . . . .	11	
12 a	State withholding on Forms 1099-MISC . . . . .	12 a	
b	State withholding on Forms 1099-G . . . . .	b	
c	State withholding on Forms 1099-K . . . . .	c	
d	State withholding on Forms 1099-INT, 1099-DIV and 1099-OID . . . . .	d	
13	Other state tax withholding . . . . .	13	
14	<b>Total income tax withheld</b> . . . . .	14	2,863.
15	Date return will be filed and balance paid . . . . .	15	

Maryland e-file Authentication Statement

2018

► Keep for your records

Name(s) Shown on Return ROHITH NALLA	Social Security Number 855-31-8487
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Practitioner PIN Authorization

By checking this box you are electing to file Form EL101 for this return (Practitioner PIN)

Choose one:

- Automatically generate PIN equal to last 5 digits of taxpayer(s) SSN
- Taxpayer(s) entered own PIN(s)
- Preparer entered PIN(s) on behalf of taxpayer(s)

Taxpayer Declaration and Tax Return Signature

Under penalties of perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

I consent to allow my Intermediate Service Provider, Transmitter, or Electronic Return Originator (ERO) to send my return to the State of Maryland and to receive the following information from the State of Maryland: (1) acknowledgement of receipt or reason for rejection of transmission; (2) refund offset; (3) reason for any delay in processing or refund; and, (4) date of any refund.

In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the State of Maryland of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

I am signing my Maryland Tax Return by entering the same five-digit Self-Select PIN that I used for my federal return filing.

Taxpayer's PIN (5 numbers) . . . . . 18487  
 Spouse's PIN (5 numbers) . . . . . \_\_\_\_\_  
 Date . . . . . 02/08/2019