IRS e-file Signature Authorization

OMB No. 1545-0074

epartment of the Treasury	
ternal Revenue Service	

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

In

Taxpay	er's name	Social securit	y numb	ber	
SOW	MYA JALA	843-96-	-1592	1	
Spouse	s's name	Spouse's social security number			
Par	t I Tax Return Information – Tax Year Ending December 31, (Ente	r year you ai	re aut	thorizing.)	
Enter	whole dollars only on lines 1 through 5.				
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1	66,086.	
2	Total tax		2	7,599.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	10,766.	
4	Amount you want refunded to you		4	3,167.	
5	Amount you owe		5		

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

				EBO firm name		E
X la	authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	6

6	1	5	9	1	
Ent don	as my				

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature 🕨	Date 🕨						
Practitioner PIN Method Returns Only—continue below							
Part III Certification and Authentication – Pra	titioner PIN Method Only						
ERO's EFIN/PIN. Enter your six-digit EFIN followed by yo	r five-digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9						

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature 🕨		 Date 🕨	
For Department Poduction Act N	ation and your tox rature instructions	 REV 02/21/21 RRO	Earm 8879 (Payr 01 2021)

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

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying wickow(er) (QW) Check only If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying microw dependent b Pour social security number Your fish name and middle initial Last name Your social security number SOWMYA JALA Spours's social security number Home address (number and street), If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 709 MARSH TRAIL CIRCLE 709 Check here if you, or your 709, MARSH TRAIL OURCLE 709 Check here if you, or your 709, MARSH TRAIL OURCLE 709 Check here if you, or your 700 attained Spouse itemizes on a separate return or you were a dual-status alien You below will not chenge your tax or returd. Foreign country name Foreign poutice/state/county Foreign poutice/state/county You You Dependents See instructions): (You spouse as a dependent You You You Dependents See instructions): (You spouse as a dependent Deid tax credit or denordetat dependent Deid tax credit or d	E 104(artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		⁽⁹⁹⁾ 20	20	OMB No. 1545	5-0074	IRS Use Or	ily—Do no	ot write or s	staple in	this space.
SOWMYA JALA 843-96-1591 If joint return, spouse's first name and middle initial Last name Spouse's social security number 709 MARSH TRAIL CIRCLE Apt. no. Presidential Election Campaign 709 MARSH TRAIL CIRCLE Apt. no. Presidential Election Campaign 709 MARSH TRAIL CIRCLE Apt. no. Presidential Election Campaign 64 30328 Spouse's forst in fand. Checking a box below will not change Foreign country name Foreign province/state/country Foreign postal code you tax or refund. Standard Someone can claim: You as a dependent You spouse a dependent Deduction Spousei temizes on a separate return or you ware a dual-status alian Mo Age/Blindness You: Were born before January 2, 1956 Art Born 1 TO , 986. You gaines temizes on a separate return or you ware a dual-status alian Immore 1 TO , 986. Spousei temizes on a separate return or you ware a dual-status alian Immore 1 TO , 986. Spouse temizes on a separate return or you ware a dual-status alian Immore 1 TO , 986. Spouse temizes on a separate return or you ware a dual-status alian Immore 1 TO , 986. Spouse temizes	Check only	lf yc	ou checked the MFS box, enter the n	ame of y					. ,		, ,	-	
If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address frumber and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 709 MARSH TRAIL CIRCLE If Op Check here if you, or your Gity, town, or post office. If you have a toreign address, also complete spaces below. State IP code ATLANTA GA 30.32.8 box below will not change or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent Your spouse as a dependent You Spouse it or (see instructions): If more (1) First name Last name You spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (1) First name Last name Immetry (3) Relationship (4) If qualifies or (see instruction): (a) I for (a first first or (see instruction): Immetry (b) Credit for other dependents If or or the spouse Immetry (a) and theck Immetry Immetry Immetry Immetry Age/Blindness You: Immetry (a) Social security (b) Credit for other dependents	Your first name	e and m	iddle initial	Last na	me					Your	social s	ecurity	number
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709 MARSH TRAIL CIRCLE 709 Check here if you, or your City, town, or post office. If you have a foreign address, also complete spaces below. State 30 328 top of this inght, want 53 ATLANTA Ga 30 328 box below will not change box below will not change Foreign country name Foreign province/state/county Foreign postal cice Via & or fourth. Standard Someone can claim: You as a dependent Your spouse as a dependent Via Will Spouse Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You Ware born before January 2, 1956 Are blind Spouse Via Ware born before January 2, 1956 Is blind Dependents ges instructions): (2) Social security (3) Pelationship (4) 4' if qualifies for tees instructions): Interest 2b If more (1) First name Last name Interest 2b 2b 2b Attach 2a Tax-exempt interest 2a 2a b Dordinary dividends 3b 3b Standard Gas ocial security benefits Ga Sa b Taxable amount 4b 5a	lf joint return, s	spouse's	s first name and middle initial	Last na	me					Spou	se's soci	al secu	rity number
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ATLANTA GA 30328 box below will not change Foreign country name Foreign province/state/county Foreign postal code your tax or refund. You You Spouse At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes Xo Standard Someone can claim: You as a dependent Your spouse as a dependent Yes Xo Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Yes No Age/Blindness You: Wase born before January 2, 1956 Are blind Spouse: Wase born before January 2, 1956 Is blind Dependents (see instructions): (1) First name Last name (2) Social security (3) Relationship (4) V' It qualifies for (see instructions): If more (1) First name Last name (2) Social security (3) Relationship (4) V' It qualifies for (see instructions): and check	City, town, or p	post offi	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	ate	ZIP co	de				
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\$18,650 11 Subtract line 10c from line 9. This is your adjusted gross income 11 66,086. • If you checked any box under Standard 12 Standard deduction or itemized deductions (from Schedule A) 12 12,400. 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 14 12,400. 14 12,400. 14 12,400. 14 12,400. 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- 15 53,686.	 Head of 	С	Add lines 10a and 10b. These are	your tot	al adjustments	to inco	me				10c		250.
any box under Standard Deduction, see instructions.131314Add lines 12 and 13		11	Subtract line 10c from line 9. This	is your a	adjusted gross i	ncome					11	66	6,086.
Standard Deduction, see instructions. 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 13 14 Add lines 12 and 13 14 12,400. 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- 15 15		12	Standard deduction or itemized	deducti	i ons (from Scheo	lule A)				. L	12	12	2,400.
see instructions. 14 12,400. 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0	Standard	13	Qualified business income deduction	ion. Atta	ch Form 8995 or	Form 8	3995-A				13		
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0		14								-	14		
		[′] 15	Taxable income. Subtract line 14	from lin	e 11. If zero or le	ss, ente	er-0				15	-	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2020)

Form 1040 (2020))										Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2	4972	3			16	7,599.
	17	Amount from Schedule 2, lir	ne3							17	
	18	Add lines 16 and 17								18	7,599.
	19	Child tax credit or credit for	other dependen	ts						19	
	20	Amount from Schedule 3, lir	ne7							20	
	21	Add lines 19 and 20								21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						22	7,599.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 1	10.				23	0.
	24	Add lines 22 and 23. This is	your total tax						. 🕨	24	7,599.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2					25a	10	,766	.	
	b	Form(s) 1099					25b				
	с	Other forms (see instruction	s)				25c				
	d	Add lines 25a through 25c								25d	10,766.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20)19 returi	n				26	
qualifying child,	27	Earned income credit (EIC)		••			27				
attach Sch. EIC.	28	Additional child tax credit. A					28				
nontaxable	29	American opportunity credit	from Form 8863	3, line 8			29				
combat pay, see instructions.	30	Recovery rebate credit. See		-			30				
	31	Amount from Schedule 3, lir					31				
	32	Add lines 27 through 31. The						edits	. ►	32	
	33	Add lines 25d, 26, and 32. T	-							33	10,766.
	34	If line 33 is more than line 24								34	3,167.
Refund	35a	Amount of line 34 you want					•	-		35a	3,167.
Direct deposit?	►b	Routing number 1 1 1			► c Ty		Chec		Savings		
See instructions.	►d	Account number 8 7 3							cavinge		
	36	Amount of line 34 you want a			ed tax		36	T'			
Amount	37	Subtract line 33 from line 24							•	37	
You Owe	57			-							
For details on		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.									
how to pay, see instructions.	38	Estimated tax penalty (see in				. 🕨	38				
Third Party		you want to allow another									
Designee		tructions	•					Yes. Co	omplete	below.	× No
Decignee		signee's		Phone					•	tification	
	nar	me ►		no. 🕨				numl	oer (PIN)		
Sign		der penalties of perjury, I declare t									
Here	bel	ief, they are true, correct, and com	plete. Declaration				ased on	all information			, ,
	Yo	ur signature		Date	Your oc	cupation					nt you an Identity IN, enter it here
Joint return?					SOFT	WARE I	TAVEC	LODER		e inst.)	
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date		's occupat				,	nt vour spouse an
Keep a copy for	- Cp		e in maer eign	Duito	opeace	oooupui					ection PIN, enter it here
your records.									(se	e inst.) 🕨	
		one no.		Email address							
Paid	Pre	eparer's name	Preparer's signat	ure			Date		PTIN		Check if:
	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA	TALLAM	02/	25/2021	P0208	32703	Self-employed
Preparer	Firr	m's name ► GLOBAL TA	XES LLC						Ph	one no. (678)965-9522
Use Only	Firr	n's address ► 2530 Pebb	le Creek I	n Cummin	g GA :	30041			Firi	n's EIN 🕨	> 30-1017196
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		B	AA	REV	/ 02/21/21 PRC)		Form 1040 (2020)

BAA

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

OMB No. 1545-0074 2020

► Attach to Form 1040, 1040-SR, or 1040-NR. ► Go to www.irs.gov/Form1040 for instructions and the latest information.

	Attachment Sequence No. 01
our soc	ial security number
12 00	1 - 0 1

Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR SOWMYA JALA

Department of the Treasury

Your soc	ial security
843-96	-1591

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2 a	Alimony received	2 a	
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	-4,650.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ►		
		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR,		
Par	line 8	9	-4,650.
10		10	
11	Educator expenses	10	
	officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 02/21/21 PRO		e 1 (Form 1040) 2020

	ent of the Treasury Revenue Service (99)	Go to www.irs.gov/ScheduleE fo							Att	tachment equence No. 13
-	Name(s) shown on return Your social security number									
SOWM	YA JALA							84	43-96-1	591
Part	Income or Loss	s From Rental Real Estate and Ro	yaltie	s Note	: If you	are in th	ne business o			
		instructions. If you are an individual, rep	-		-				•	
A Dic		nts in 2020 that would require you to								
		ou file required Form(s) 1099?								
1a		each property (street, city, state, ZIF						-	· · · ∟	
A		NALGONDA TELANGANA IN 50		-						
B				-						
C										
1b	Type of Property	2 For each rental real estate prop	oertv l	isted		Faiı	r Rental	Per	sonal Use	
	(from list below)	above, report the number of fa	ir rent	al and			Days		Days	QJV
Α	3	personal use days. Check the if you meet the requirements to	QJV b	ox only	Α		365		0	
B		qualified joint venture. See inst	ructio	ns.	B		303			
				-	C					
	of Property:				•					
	le Family Residence	3 Vacation/Short-Term Rental	5 La	nd		7 Self-	-Rental			
	ti-Family Residence	4 Commercial		valties			er (describe)			
Incom		Properties:			Α		B			С
3			3			350.				
4		· · · · · · · · · · · · · · ·	4			550.				
Expen			<u> </u>							
5			5							
6	0	nstructions)	6							
7	-		7			600.				
8			8			000.				
9			9							
10		essional fees	10							
11			11			800.				
12		id to banks, etc. (see instructions)	12			800.				
13			13							
14			14		1	300.				
15			15			$\frac{300}{100}$.				
16			16		⊥,	100.				
17			17		1	200.				
18		e or depletion	18		⊥,	200.				
19	Other (list)		19							
20		lines 5 through 19	20		5	000.				
		8	20		J,	000.				
21		line 3 (rents) and/or 4 (royalties). If instructions to find out if you must								
	(),		21		_4	650.				
22		I estate loss after limitation, if any,	21		- ,	050.				
22		structions)	22	(_1 6	550.)	(١
23a		eported on line 3 for all rental prope		(-4,0	23a		2	50.	/
		eported on line 4 for all royalty prope		• •	• •	23a		2	50.	
b		eported on line 12 for all properties	ernes	• •	• •	23D 23C				
c d		eported on line 18 for all properties	• •	• •	• •	23C				
		eported on line 20 for all properties	• •	• •	• •	230 23e		5,0	0.0	
е 24		e amounts shown on line 21. Do no				236		5,0	24	
24 25		e amounts shown on line 21. Do no				ntor tot	 al lossos bar	•	24 25 (A GEO V
									20 (4,650.)
26		ate and royalty income or (loss).								
		V, and line 40 on page 2 do not 40), line 5. Otherwise, include this ar							26	-4,650.

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE E

(Form 1040)

Schedule E (Form 1040) 2020

OMB No. 1545-0074

2



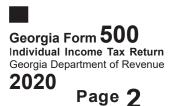


Georgia Form 500 (Rev. 06/20/20) Individual Income Tax Return

Individual Income Tax Return Georgia Department of Revenue 2020(Approved software version)

Page 1							
Fiscal Year Beginning	STATE ISSUED						
Fiscal Year Ending	YOUR DRIVER'S LICENSE/STATE ID						
YOUR FIRST NAME 1. SOWMYA	МІ	YOUR SOCIAL SECURITY NUMBE	ĒR				
LAST NAME (For Name Change See IT-5 JALA	11 Tax Booklet)	SUFFIX					
SPOUSE'S FIRST NAME	МІ	SPOUSE'S SOCIAL SECURITY N	JMBER	DEPARTMENT USE ONLY			
LAST NAME		SUFFIX					
ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED 2. 709 MARSH TRAIL CIRCLE APT NO 709							
CITY (Please insert a space if the city has mult 3. ATLANTA	·····	STATE ZIP CODE GA 30328					
(COUNTRY IF FOREIGN)							
4. Enter your Residency Status with the ap	propriate number			sidency Status 4. 1			
1. FULL- YEAR RESIDENT 2. PART- YEAR RESI	DENT	то		3. NONRESIDENT			
Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.							
5. Enter Filing Status with appropriate le	tter (See IT-511 Tax Bo	oklet)		5. A			
A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er)							
6. Number of exemptions (Check appro	priate box(es) and enter	total in 6c.) 6a. Yourself	X 6b. Spouse] 6c. 1			
7a. Number of Dependents (Enter details or	n Line 7b., and DO NOT ind	clude yourself or your spouse).		7a.			

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YOUR SOCIAL SECURITY NUMBER 843-96-1591

- 7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents)

 First Name, MI.

 Last Name
 - Social Security Number Relationship to You

First Name, MI.

Social Security Number

First Name, MI.

Social Security Number

First Name, MI.

Social Security Number

Last Name

Last Name

Last Name

Relationship to You

Relationship to You

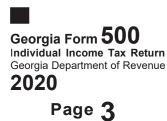
Relationship to You

INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3,456.

8.	Federal adjusted gross income (From Federal Form 1040) (Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Sche	more, or your gross income is less than	66086 your
9.	Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet)	. 9.	
10.	Georgia adjusted gross income (Net total of Line 8 and Line 9)	10.	66086
11.	Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION)	11a.	4600
	b. Self: 65 or over? Blind? Total x 1,300= Spouse: 65 or over? Blind? Image: Control of the second sec	11b.	
	c. Total Standard Deduction (Line 11a + Line 11b) Use EITHER Line 11c OR Line 12c (Do not write on both lines)	. 11c.	4600
12.	Total Itemized Deductions used in computing Federal Taxable Income. If you use ite	mized deductions, you must include Federa	al Schedule A.
	a. Federal Itemized Deductions (Schedule A-Form 1040)	12a.	
	b. Less adjustments: (See IT-511 Tax Booklet)	12b.	
	c. Georgia Total Itemized Deductions	12c.	
13.	Subtract either Line 11c or Line 12c from Line 10; enter balance	13.	61486

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YOUR SOCIAL SECURITY NUMBER 843-96-1591

14a. Enter the number from Line 6c. 1 Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.	2700
14b. Enter the number from Line 7a. Multiply by \$3,000	14b.	
14c. Add Lines 14a. and 14b. Enter total	14c.	2700
15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14)	15a.	58786
15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information).	····15b.	
15c. Georgia Taxable Income (Line 15a less Line 15b)	15c.	58786
16. Tax (Use the Tax Table in the IT-511 Tax Booklet)	16.	3206
17. Low Income Credit 17a. 17b.	17c.	
18. Other State(s) Tax Credit (Include a copy of the other state(s) return)	. 18.	
19. Credits used from IND-CR Summary Worksheet	. 19.	
20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be file electronically)	ed 20.	
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	21.	0
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero	22.	3206

INCOME STATEMENT DETAILS Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12** or **13**; **Form G2-LP Line 11**, or for **Form G2-FL enter zero**.

	(INCOME STATEMENT A)		(INCOME STATEMENT B)		(INCOME STATEMENT C)
1.	WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP	1.	WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP	1.	WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP
2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) X SSN 208556576	2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN
3.	EMPLOYER/PAYER STATE WITHHOLDING ID 3186902BZ	3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3.	EMPLOYER/PAYER STATE WITHHOLDING IE
4.	GA WAGES / INCOME 70986	4.	GA WAGES / INCOME	4.	GA WAGES / INCOME
5.	GA TAX WITHHELD 3645	5.	GA TAX WITHHELD	5.	GA TAX WITHHELD

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

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REV 02/15/21 PRO

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Indiv	orgia Form 500 ridual Income Tax Return gia Department of Revenue 20	2100411542		YOUR SOCIAL SECURITY NUMBER 843-96-1591
	Page 4			
1. 2.	(INCOME STATEMENT D) WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN		1. 22-LP 22-RP 2.	(INCOME STATEMENT F) WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN
3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITH	HOLDING ID 3.	EMPLOYER/PAYER STATE WITHHOLDING ID
4.	GA WAGES / INCOME	4. GA WAGES / INCOME	4.	GA WAGES / INCOME
5.	GA TAX WITHHELD	5. GA TAX WITHHELD	5.	GA TAX WITHHELD
	Georgia Income Tax Withheld on Wag (Enter Tax Withheld Only and include W-2	s and/or 1099s)	23.	3645
24.	Other Georgia Income Tax Withheld (Must include G2-A, G2-FL, G2-LP and/or	G2-RP)	27.	
25.	Estimated Tax paid for 2020 and Form	IT-560	25.	
26.	Schedule 2B Refundable Tax Credits (Cannot be claimed unless filed electron		26.	
27.	Total prepayment credits (Add Lines 23,	24, 25 and 26)	27.	3645
28.	If Line 22 exceeds Line 27, subtract Lin balance due		28.	
29.	If Line 27 exceeds Line 22, subtract Line overpayment		29.	439
30.	Amount to be credited to 2021 ESTIM	ATED TAX	30.	0
31.	Georgia Wildlife Conservation Fund (No	o gift of less than \$1.00)	31.	
32.	Georgia Fund for Children and Elderly	(No gift of less than \$1.00)	32.	
33.	Georgia Cancer Research Fund (No gi	ft of less than \$1.00)	33.	
34.	Georgia Land Conservation Program (N	lo gift of less than \$1.00)	34.	
35.	Georgia National Guard Foundation (No	o gift of less than \$1.00)	35.	
36.	Dog & Cat Sterilization Fund (No gift of	less than \$1.00)	36.	
37.	Saving the Cure Fund (No gift of less t	han \$1.00)	37.	
38.	Realizing Educational Achievement Can Ha (No gift of less than \$1.00) ALL PAGES (1	uppen (REACH) Program	38. FOR PRO(

Indiv	orgia Form 500 vidual Income Tax Retu rgia Department of Rever 20		2100411552	YOUR SOCIAL SECURITY NUMBER 843-96-1591
	Page 5			
39.	Public Safety Memorial	Grant (No gift of less than \$1.00)	
40.	Form 500 UET (Estima	ated tax penalty) 🗌 500 UET exc	ception attached 40.	
41.	(If you owe) Add Lin MAKE CHECK PAYAE	es 28, 31 thru 40 BLE TO GEORGIA DEPARTMENT	41. OF REVENUE	
	Amount Due Mail To: GEORGIA DEPARTME PROCESSING CENTER ATLANTA, GA 30374-03	R, PO BOX 740399		
	THIS IS YOUR REFUN	d) Subtract the sum of Lines 30 thru D irect Deposit information or if y Only		439 ill be issued a paper check.
	e: Checking 🔀 Savings 🗌	Routing Number 111000614 Account Number 873736271		Refund Due Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER, PO BOX 740380 ATLANTA, GA 30374-0380
and I Geor	declare under the penalties of belief, it is true, correct, and of	complete. If prepared by a person other th	urn (including accompanying schedules a an the taxpayer(s), this declaration is bas	and statements) and to the best of my/our knowledge sed on all information of which the preparer has knowledge. s, free of any expense to the State of Georgia.
	Date		Date	
2	Taxpayer's Phone Nun 469–925–4359			s this return with the named preparer. at the below e-mail address regarding any updates to
m	iy account(s). axpayer's E-mail Addre			at the below e-mail address regarding any updates to
S	Signature of Preparer	SAGAR GUPTA TALLAM		r's Phone Number -965–9522
Ν	lame of Preparer Other SYAM PRIYA RA		-	r's FEIN 1017196
	Preparer's Firm Name GLOBAL TAXES	LLC	Prepare P020	er's SSN/PTIN/SIDN 082703

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