Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widowier) (QW) Check only person is a child but not your dependent ▶ Your shouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶ Your social security number NAVYA GANTPISETY 079-57-0639 If joint return, spouse's first name and middle initial Last name Spouse's social security number SEENTIVASA R CHANDU Apt. no. 1534 DEERFIELD POINT Chick here if you, or your Chick here if you, or your City, town, or post office. If you have a Broign address, also complete spaces below. State ZIP code 30004 ALPHARETTA Foreign province/state/county Foreign province/state/county Foreign postal code your tax or refund. Perseidential You was a dependent You Spouse if Mind point/y want S3 to go to this hour. Otherwise a social decurity in the during 2020, idi you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Spouse itemizes on a separate return or you were a dual-status alien Mario Checking a social security on your Image a state and anuitits or you have	1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		(99) U rn	202	0	OMB No. 1545	-0074	IRS Use	e Onlv	—Do not v	vrite or staple	in this space.
NAVYA GANIPISETTY 079-57-0639 If join teutron, spouse's first name and middle initial Last name Spouse's social security number SREENIVOLSA R CHANDU 972-97-3587 Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign City, town, or post office. If you have a foreign address, also complete spaces below. State ZP code ALPHARETTA GA 30004 box below will not change Foreign country name Foreign province/state/country Foreign postal code you tax or refund. Beduction Spouse itemizes on a separate return or you were a dual-status alien Age/Bindness You: Veru Yes No Bedingtoness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents, see instructions: (1) First name Last name (1) First name Cale born Child tax credit Credit or other dependents Harry time during county name Last name number (1) First name Last name In the count of th	Check only	S 🗌 S	Single 🔀 Married filing jointly 🗌] Marrie ame of y	ed filing sep			Head of	house	hold (HC) DH)	🗌 Qua	lifying wic	low(er) (QW)
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15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0		14												
		15	Taxable income. Subtract line 14	from lin	e 11. If zer	o or less,	ente	er-0				. 15	5	48,734.

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	5,452.
	17	Amount from Schedule 2, lir	ne3						17	
	18	Add lines 16 and 17							18	5,452.
	19	Child tax credit or credit for	other dependen	ts					19	2,000.
	20	Amount from Schedule 3, lin	ne7						20	
	21	Add lines 19 and 20							21	2,000.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	3,452.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				23	0.
	24	Add lines 22 and 23. This is	your total tax					. 🕨	24	3,452.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	10,	031.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c							25d	10,031.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20)19 return				26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				27				
If you have	28	Additional child tax credit. A	ttach Schedule 8	8812		28				
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8		29				
see instructions.	30	Recovery rebate credit. See	instructions .			30	4,	700.		
	31	Amount from Schedule 3, lir	ne 13			31				
	32	Add lines 27 through 31. The	ese are your tota	al other paym	ents and refund	lable cr	edits	. 🕨	32	4,700.
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. 🕨	33	14,731.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	unt you	overpaid		34	11,279.
neruna	35a	Amount of line 34 you want			3 is attached, che	eck here			35a	11,279.
Direct deposit?	►b	Routing number 1 2 1	0 0 0 3	5 8	► c Type: 🔰	Checl	king 🗌 S	avings		
See instructions.	►d	Account number 3 2 5	0 3 6 7	5 5 0 0	0 4					
	36	Amount of line 34 you want a	applied to your	2021 estimate	ed tax 🕨	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now			. 🕨	37	
You Owe				-						
For details on how to pay, see		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.								
instructions.	38	Estimated tax penalty (see ir	nstructions) .		🕨	38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS	? See				
Designee	ins	structions				. 🕨	Yes. Co	mplete	below.	🗙 No
		signee's		Phone				nal ident		
		me 🕨		no. 🕨				er (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here		ur signature		Date						nt you an Identity
	. 10	ul signature		Date	Tour occupation					IN, enter it here
Joint return?					SOFTWARE	DEVE	LOPER	(see	inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupa	ation				nt your spouse an
Keep a copy for your records.	,								ection PIN, enter it here	
,				HOME MAKE				(see inst.) ►		
		one no. (615)596-443 eparer's name		Email address	NAVYA.GAN	-	MAIL.CON			Chaoly if
Paid			Preparer's signat			Date		PTIN	0000	Check if:
Preparer		SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 08/25/2021 P02082							Self-employed	
Use Only									678)965-9522	
		m's address ► 2530 Pebb		n Cummin	-			Firm	n's EIN ▶	
Go to www.irs.go	ov/Form	n1040 for instructions and the late	st information.		BAA	REV	07/28/21 PRO			Form 1040 (2020)

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_ 2	8867	Paid Preparer's Due Diligence Checklist		OMB	No. 1545	-0074
	ent of the Treasury	Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) a Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing St To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR	tatus	2 Attach	02	0
	Revenue Service	► Go to www.irs.gov/Form8867 for instructions and the latest informat		Seque	ence No.	70
Тахрауе	er name(s) shown or	n return	Taxpayer identif	ication n	umber	
NAV	YA GANIPISE	ETTY & SREENIVASA R CHANDU	079-57-0	639		
Enter pr	eparer's name and	PTIN				
SYAN	M PRIYA RAN	1 SAGAR GUPTA TALLAM	P0208270	3		
Part	Due Dili	gence Requirements				
		propriate box for the credit(s) and/or HOH filing status claimed on the return ned (check all that apply).	•	the rela		arts I–V HOH
1		blete the return based on information for tax year 2020 provided by the tained by you?		Yes X	No	N/A
2	If credits are worksheets fo AOTC worksheets	claimed on the return, did you complete the applicable EIC and/or CTC und in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions eet found in the Form 8863 instructions, or your own worksheet(s) that provide all related forms and schedules for each credit claimed?	/ACTC/ODC s, and/or the les the same	×		
3	Did you satisfy the following.	/ the knowledge requirement? To meet the knowledge requirement, you mus				
	determine th	taxpayer, ask questions, and contemporaneously document the taxpayer's r at the taxpayer is eligible to claim the credit(s) and/or HOH filing status.				
		mation to determine that the taxpayer is eligible to claim the credit(s) and/c		X		
4	information re	mation provided by the taxpayer or a third party for use in preparing th asonably known to you, appear to be incorrect, incomplete, or inconsisten ons 4a and 4b. If " No, " go to question 5.)	t? (If "Yes,"		×	
а	Did you make	reasonable inquiries to determine the correct, complete, and consistent inforr	nation? .			
b	you asked, wh	emporaneously document your inquiries? (Documentation should include the nom you asked, when you asked, the information that was provided, and the	e impact the			
5	Did you satisfy keep a copy applicable wor 8867 and any	d on your preparation of the return.)	nt, you must copy of any repare Form vided by the			
	the amount(s)		s or to figure	×		
	List those doc	uments provided by the taxpayer, if any, that you relied on:				
6	credit(s) and/c	te taxpayer whether he/she could provide documentation to substantiate elig or HOH filing status and the amount(s) of any credit(s) claimed on the retu ted for audit?	Irn if his/her	X		
7		e taxpayer if any of these credits were disallowed or reduced in a previous ye		×		
	•	e disallowed or reduced, go to question 7a; if not, go to question 8.)				
а		ete the required recertification Form 8862?				
8		r is reporting self-employment income, did you ask questions to prepare a c				
	correct Sched	ule C (Form 1040)?				

For Paperwork Reduction Act Notice, see separate instructions.

Form **8867** (2020)

Form 8	867 (2020)			Page 2				
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go		III.)					
9a	claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A				
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?							
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?							
Part		claim (CTC, A	CTC,				
	or ODC, go to Part IV.)							
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes X	No	N/A				
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?							
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	X						
Part	IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC		Part V	/.)				
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quatuition and related expenses for the claimed AOTC?	alified	Yes	No				
Part		s, go t	o Part '	VI.)				
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?		Yes	No				
Part VI Eligibility Certification								
	You will have complied with all due diligence requirements for claiming the applicable credit(s) as status on the return of the taxpayer identified above if you:	nd/or H	OH filir	ng				
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);							
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkl credit(s) claimed and HOH filing status, if claimed;	ist for a	iny app	licable				
	C. Submit Form 8867 in the manner required; and							
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under				
	1. A copy of this Form 8867.							
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.							
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	's eligik	oility for	the				
	 A record of how, when, and from whom the information used to prepare this form and the applica obtained. 	ble wor	ksheet(s) was				
	5. A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amou							
	If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty comply related to a claim of an applicable credit or HOH filing status.	for ea	ch failu	re to				
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct complete?		Yes X	No				

X Form 8867 (2020)

REV 07/28/21 PRO

Form	8962
Form	

Department of the Treasury Internal Revenue Service

Name shown on your return

Premium Tax Credit (PTC)

OMB No. 1545-0074

Attachment Sequence No. **73**

Attach to	Earm	1040	1040 60	~	1040 ND
Attach to	Form	1040,	1040-5K,	or	1040-NK.

► Go to www.irs.gov/Form8962 for instructions and the latest information.

Your social security number

NAVYA GANIPISETTY & SREENIVASA R CHANDU

079-57-0639

You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. See instructions. If you qualify, check the box . . . 🕨

Par	i Annı	ual and Monthly	Contribution An	nount							
1	Tax family s	ize. Enter your tax fa	mily size. See instruct	ions					1	3	
2 a	Modified AG	I. Enter your modifie	ed AGI. See instruction	IS			2a	73,534.			
b	Enter the to	tal of your dependen	ts' modified AGI. See	instructions			2b				
3	Household i	ncome. Add the amo	ounts on lines 2a and 2	2b. See instru	ictions				3	73,534.	
4	Federal pov	erty line. Enter the fe	ederal poverty line amo	ount from Tal	ble 1-1, 1	-2, or 1-3. See	e instruc	ctions. Check the			
			overty table used. a					8 states and DC	4	21,330.	
5	Household in	ncome as a percentag	ge of federal poverty lin	e (see instruc	tions)				5	344 %	
6		`	See instructions if you	entered less	than 100	%.)					
	No. Cor	ntinue to line 7.									
			take the PTC. If adva		of the P	TC was made	see th	e instructions for			
		1 3	dvance PTC repaymer								
7		0 07	5 percentage, locate y	our "applicab	0				7	0.0978	
8a		ution amount. Multiply li		7 100		,		nt. Divide line 8a		500	
Dord		o nearest whole dollar a		7,192.				ole dollar amount	8b	<u>599.</u>	
Pari 9			t Claim and Reco								
9			f Policy Amounts, or Part								
10			e if you can use line 11				-			10.	
10			ompute your annual P		•	•		No. Continue	to lin	es 12-23. Compute	
		itinue to line 24.	sinputo your annuar i			0	Ľ			d continue to line 24.	
		(a) Annual enrollment	(b) Annual applicable	(c) Ann	ual	(d) Annual ma		(e) Annual premium	n tax	(f) Annual advance	
	Annual premiums (Form(s) Calculation (Form(s) 1095-A, (Fo								payment of PTC (Form(s)		
0.	Calculation1095-A, line 33A)(i of in(s) 1095-A, line 33B)(line 8a)(subtract (s) in(iii) (s), iii)(smaller of (a) iii)								d))	1095-A, line 33C)	
11	Annual Totals										
(a) Monthly enrollment (b) Monthly applicable (c) Monthly (d) Monthly maximum										(f) Monthly advance	
	Vionthly	premiums (Form(s)	SLCSP premium	contribution (amount fror		premium assi	stance	(e) Monthly premiun credit allowed	payment of PTC (Form(s)		
Ca	alculation	1095-A, lines 21–32, column A)	(Form(s) 1095-A, lines 21–32, column B)	or alternative		(subtract (c) fro		(smaller of (a) or (d))	1095-A, lines 21–32, column C)	
				monthly cale	culation)					column c)	
12	January										
13	February										
14	March										
15	April	201					-				
16	May	391.	0.		599.		0.).		
17	June	391.	0.		599.		0.).		
18	July	391.	0.		599.		0.).		
19	August	391.	0.		599.		0.).		
20	September	391. 391.	0.		599. 599.		0.).		
21 22	October November	438.	0.		599.		0.).		
22	December	676.	0.		599.		0.).		
23 24		1	he amount from line 1	1(e) or add lir		through 23(e) a			24	0.	
24 25			the amount from line						24		
		•		.,	()	0 ()			20	1	
26			4 is greater than line 2 8. If line 24 equals line								
		e blank and continu							26	0.	
Part			ss Advance Payn						0		
27		-	If line 25 is greater than					e difference here	27		
28		limitation (see instru	•						28		
29	. ,	,	redit repayment. Ente			27 or line 28 h	nere an	d on Schedule 2			
20	(Form 1040)	•							29		

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

BA

Part IV **Allocation of Policy Amounts** Complete the following information for up to four policy amount allocations. See instructions for allocation details. Allocation 1 (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpayer (c) Allocation start month (d) Allocation stop month 30 (g) Advance Payment of the PTC Allocation percentage (e) Premium Percentage (f) SLCSP Percentage Percentage applied to monthly amounts Allocation 2 (d) Allocation stop month (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpayer (c) Allocation start month 31 (g) Advance Payment of the PTC Allocation percentage (e) Premium Percentage (f) SLCSP Percentage Percentage applied to monthly amounts Allocation 3 (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpayer (c) Allocation start month (d) Allocation stop month 32 (g) Advance Payment of the PTC Allocation percentage (e) Premium Percentage (f) SLCSP Percentage Percentage applied to monthly amounts Allocation 4 (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpayer (c) Allocation start month (d) Allocation stop month 33 Allocation percentage (g) Advance Payment of the PTC (e) Premium Percentage (f) SLCSP Percentage Percentage applied to monthly amounts 34 Have you completed all policy amount allocations? L Yes. Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and nonallocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12-23, columns (a), (b), and (f). Compute the amounts for lines 12-23, columns (c)-(e), and continue to line 24.

No. See the instructions to report additional policy amount allocations.

Part V Alternative Calculation for Year of Marriage

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12-23, see the instructions for this Part V.

35	Alternative entries for your SSN	(a)	Alternative family size	 Alternative monthly ntribution amount	(c)	Alternative start month	(d)	Alternative stop month
36	Alternative entries for your spouse's SSN	(a)	Alternative family size	 Alternative monthly ntribution amount	(c)	Alternative start month	(d)	Alternative stop month
	•			DEV 07/20/21 DD				Earm 8962 (2020)

REV 07/28/21 PR

Form **8962** (2020)





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 GA ISSUED							
Fiscal Year Ending	YOUR DRIVER'S LICENSE/STATE II	D		060249522				
YOUR FIRST NAME 1. NAVYA		МІ	YOUR SOCIAL S 079-57-	SECURITY NUMBER				
LAST NAME (For Name Change See IT - GANIPISETTY	511 Tax Booklet)		SUF	FIX				
SPOUSE'S FIRST NAME SREENIVASA		MI R	spouse's soc 972-91-		R		NT USE ONLY	
SKLENIVASA		ĸ	972-91-	5307		DEFAILINE	IT USE ONET	
last name CHANDU			SUF	FIX				
 2. 1534 DEERFIELD POINT CITY (Please insert a space if the city has mudicated as a space of the city has a space of the city has	lltiple names)			ZIP CODE 30004				
(COUNTRY IF FOREIGN)								
4. Enter your Residency Status with the a	ppropriate numb	er				sidency Status 4.	1	
1. FULL- YEAR RESIDENT 2. PART- YEAR RES	SIDENT			то		3. NONRI	ESIDENT	
Omit Lines 9 thru 14 and use F	Form 500 Sche	dule 3	if you are a p	oart-year or nonr		Tiling Statua		
5. Enter Filing Status with appropriate	letter (See IT-511	I Tax B	ooklet)			Filing Status	в	
A. Single B. Married filing joint C. Married fi	ling separate (Spouse's	s social se	ecurity number must	be entered above) D. He	ad of Household or Qua	alifying Wide	ow(er)	
6. Number of exemptions (Check appr	opriate box(es) a	nd ente	er total in 6c.)	6a. Yourself 🗙	6b. Spouse 🛛 🗙	6c.	2	
7a. Number of Dependents (Enter details	7a. Number of Dependents (Enter details on Line 7b., and DO NOT include yourself or your spouse)							
ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING								

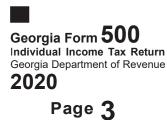
Georgia Form 500
Individual Income Tax Return
Georgia Department of Revenue
2020 Page 2



YOUR SOCIAL SECURITY NUMBER 079-57-0639

7b. Dependents (If you have more than 4 depe	ndents, attach a list of additional dependents)	
First Name, MI.	Last Name	
LASHVITHA S	CHANDU	
Social Security Number	Relationship to You	
830-12-3997	DAUGHTER	
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
	Form 1040) 8. the amount on Line 8 is \$40,000 or more, or your gross ir	73534 ncome is less than your
W-2s you must include a copy of your Feder9. Adjustments from Form 500 Schedule 1 (See	• • • •	
10. Georgia adjusted gross income (Net total of L		73534
11. Standard Deduction (Do not use FEDERAL S (See IT-511 Tax Booklet)	TANDARD DEDUCTION) 11a.	6000
b. Self: 65 or over? Blind? C Spouse: 65 or over? Blind? Slind?	otal x 1,300= 11b.	
c. Total Standard Deduction (Line 11a + Line Use EITHER Line 11c OR Line 12c (Do not wr		6000
12. Total Itemized Deductions used in computing Fe	deral Taxable Income. If you use itemized deductions, you n	nust include Federal Schedule A.
a. Federal Itemized Deductions (Schedule A-	Form 1040) 12a.	
b. Less adjustments: (See IT-511 Tax Bookle	t) 12b.	
c. Georgia Total Itemized Deductions		
13. Subtract either Line 11c or Line 12c from Line	10; enter balance 13.	67534

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YOUR SOCIAL SECURITY NUMBER 079-57-0639

14a. Enter the number from Line 6c. 2 Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.	7400
14b. Enter the number from Line 7a. 1 Multiply by \$3,000	14b.	3000
14c. Add Lines 14a. and 14b. Enter total	14c.	10400
 15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14) 15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information) 	15a. ·15b.	57134
15c. Georgia Taxable Income (Line 15a less Line 15b)	15c.	57134
16. Tax (Use the Tax Table in the IT-511 Tax Booklet)	16.	3051
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 filed electronically)	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.	3051

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) SSN 472094164	2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN
3.	EMPLOYER/PAYER STATE WITHHOLDING ID 3189758TW	3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3.	EMPLOYER/PAYER STATE WITHHOLDING ID
4.	GA WAGES / INCOME 73534	4.	GA WAGES / INCOME	4.	GA WAGES / INCOME
5.	GA TAX WITHHELD 3510	5.	GA TAX WITHHELD	5.	GA TAX WITHHELD

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

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02 1555 115 2020 GA 004

REV 04/06/21 PRO

۱ndi	orgia Form 500 vidual Income Tax Return gia Department of Revenue 20	2100411542		YOUR SOCIAL SECURITY NUMBER
	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. G2-LP G2-RP 2.	☐ W-2 ☐ G2-A ☐ G2-LP ☐ 1099 ☐ G2-FL ☐ G2-RP
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
23.	Georgia Income Tax Withheld on Wage (Enter Tax Withheld Only and include W-2		23.	3510
24.	Other Georgia Income Tax Withheld (Must include G2-A, G2-FL, G2-LP and/or		24.	
25.	Estimated Tax paid for 2020 and Form	IT-560	25.	
26.	Schedule 2B Refundable Tax Credits (Cannot be claimed unless filed electror		26.	
27.	Total prepayment credits (Add Lines 23,	24, 25 and 26)	27.	3510
28.	If Line 22 exceeds Line 27, subtract Line balance due		28.	
29.	If Line 27 exceeds Line 22, subtract Line overpayment		29.	459
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 gif	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	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)		38.	
	ALL PAGES (1	-5) ARE REQUIRED	гик РКО	CESSING

Indiv	orgia Form 500 vidual Income Tax Retu rgia Department of Reven		210041155		YOUR SOCIAL SECURITY 079-57-0639	NUMBER
	Page 5					
39.	Public Safety Memorial	Grant (No gift of less than	\$1.00)	39.		
40.	Form 500 UET (Estima	ated tax penalty) 🗌 500 UE	T exception attached	40.		
41.	(If you owe) Add Lines 28, 31 thru 40 41. MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE					
	Amount Due Mail To: GEORGIA DEPARTME PROCESSING CENTER ATLANTA, GA 30374-03	R, PO BOX 740399				
	THIS IS YOUR REFUN If you do not enter D	•		42. me filer you wil	l be issued a paper check.	459
	Direct Deposit (U.S. Accounts e: Checking X Savings	Routing Number 121000358 Account Number 3250367550	04		Refund Due Mail To: GEORGIA DEPARTMENT OF RE PROCESSING CENTER, PO BOX ATLANTA, GA 30374-0380	
and I Geor	belief, it is true, correct, and c gia Public Revenue Code Se	complete. If prepared by a person of ction 48-2-31 stipulates that taxes s	other than the taxpāyer(s), the shall be paid in lawful money	is declaration is base of the United States	Id statements) and to the best of my/our d on all information of which the preparer free of any expense to the State of Georg	has knowledge.
Та	axpayer's Signature	(Check box if deceased)) Spouse'	s Signature	(Check box if deceased)	
Γ	Date		Date			
	Taxpayer's Phone Num 615-596-4431	ıber	I autho	prize DOR to discuss	this return with the named preparer.	
m	y providing my e-mail addres _{ny} account(s). axpayer's E-mail Addre		partment of Revenue to elec	tronically notify me a	t the below e-mail address regarding any	updates to
	SYAM PRIYA RAM S Signature of Preparer	SAGAR GUPTA TALLAM	_		s Phone Number 965–9522	
	lame of Preparer Other SYAM PRIYA RA			Preparer 30-1	sFEIN 017196	
	Preparer's Firm Name GLOBAL TAXES	LLC			's SSN/PTIN/SIDN 82703	

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