

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. 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 person is a child but not your dependent ▶

| | | |
|--|-----------------------|--|
| Your first name and middle initial PREM CHAND | Last name RACHARLA | Your social security number 599-67-3017 |
| If joint return, spouse's first name and middle initial | Last name | Spouse's social security number |
| Home address (number and street). If you have a P.O. box, see instructions. 234 PRESTON WOODS TRL | | Apt. no. |
| City, town, or post office. If you have a foreign address, also complete spaces below. ATLANTA | | State GA |
| Foreign country name | | ZIP code 30338 |
| Foreign province/state/county | | Foreign postal code |

You Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? 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, 1956 Are blind **Spouse:** Was born before January 2, 1956 Is blind

| Dependents (see instructions): If more than four dependents, see instructions and check here ▶ <input type="checkbox"/> | (1) First name | | (2) Social security number | (3) Relationship to you | (4) <input checked="" type="checkbox"/> if qualifies for (see instructions): | |
|--|----------------|--|----------------------------|-------------------------|--|-----------------------------|
| | Last name | | | | Child tax credit | Credit for other dependents |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | |
|--|--|---|------------|---------|
| Attach Sch. B if required. Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions. | 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 1 | 95,292. |
| | 2a | Tax-exempt interest | 2a | |
| | 3a | Qualified dividends | 3a | |
| | 4a | IRA distributions | 4a | |
| | 5a | Pensions and annuities | 5a | |
| | 6a | Social security benefits | 6a | |
| | 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | 7 | |
| | 8 | Other income from Schedule 1, line 9 | 8 | |
| | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶ | 9 | 95,292. |
| | 10 | Adjustments to income: | | |
| | a | From Schedule 1, line 22 | 10a | |
| | b | Charitable contributions if you take the standard deduction. See instructions | 10b | 300. |
| | c | Add lines 10a and 10b. These are your total adjustments to income ▶ | 10c | 300. |
| | 11 | Subtract line 10c from line 9. This is your adjusted gross income ▶ | 11 | 94,992. |
| | 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 | Add lines 12 and 13 | 14 | 12,400. | |
| 15 | Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- | 15 | 82,592. | |

| | | | |
|----|---|-----|---------|
| 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 13,957. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 13,957. |
| 19 | Child tax credit or credit for other dependents | 19 | |
| 20 | Amount from Schedule 3, line 7 | 20 | |
| 21 | Add lines 19 and 20 | 21 | |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 13,957. |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 10 | 23 | 0. |
| 24 | Add lines 22 and 23. This is your total tax | 24 | 13,957. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 14,480. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 14,480. |
| 26 | 2020 estimated tax payments and amount applied from 2019 return | 26 | |
| 27 | Earned income credit (EIC) NO | 27 | |
| 28 | Additional child tax credit. Attach Schedule 8812 | 28 | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| 30 | Recovery rebate credit. See instructions | 30 | 200. |
| 31 | Amount from Schedule 3, line 13 | 31 | |
| 32 | Add lines 27 through 31. These are your total other payments and refundable credits | 32 | 200. |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 14,680. |

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

| | | | | |
|--------------------------------------|-----|---|-----|------|
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 723. |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 723. |
| Direct deposit? See instructions. | ▶ b | Routing number 061092387 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | ▶ d | Account number 218189063 | | |
| | 36 | Amount of line 34 you want applied to your 2021 estimated tax | 36 | |

| | | | | |
|--|----|--|----|--|
| Amount You Owe | 37 | Subtract line 33 from line 24. This is the amount you owe now | 37 | |
| For details on how to pay, see instructions. | | 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. | | |
| | 38 | Estimated tax penalty (see instructions) | 38 | |

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes.** Complete below. **No**

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|---|---------------|--------------------------------------|---|
| Your signature | Date | Your occupation SOFTWARE ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶ |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶ |
| Phone no. | Email address | | |

Paid Preparer Use Only

| | | | | |
|--|---|--------------------|-------------------|---|
| Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date 04/08/2021 | PTIN P02082703 | Check if: <input type="checkbox"/> Self-employed |
| Firm's name ▶ GLOBAL TAXES LLC | Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 | | | Phone no. (678) 965-9522 |
| | | | | Firm's EIN ▶ 30-1017196 |

Instructions for the Individual/Fiduciary (525-TV) Payment Voucher

- For faster and more accurate posting to your account, use a payment voucher with a **valid scanline** from the Georgia Department of Revenue's website dor.georgia.gov or one produced by an approved software company listed at dor.georgia.gov/approved-software-vendors.
- Only complete this voucher if you owe taxes.
- Complete the name and address field located on the upper right side of the voucher.
- Please write your SSN or FEIN on your check or money order.
- Remove your check stub to keep with your records.
- If the due date falls on a weekend or holiday, the tax shall be due on the next day that is not a weekend or holiday.
- If you are **filing electronically**, mail only your voucher and payment to:


**Processing Center
Georgia Department of Revenue
PO Box 740323
Atlanta, Georgia 30374-0323**

- If you are filing a paper return; mail your return, 525-TV payment voucher and your payment to the address that appears on the return.

Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

**PLEASE DO NOT mail this entire page. Please cut along dotted line and mail only your voucher and payment.
PLEASE DO NOT STAPLE. PLEASE REMOVE ALL ATTACHED CHECK STUBS.**

----- Cut along dotted line -----

| | | | | | | | |
|---|--|--|---|--|------------------|--|--------------------|
| <p>525-TV (Rev. 05/29/20) Individual and Fiduciary Payment Voucher</p> <p>2020</p> <p><input type="checkbox"/> Amended Return <input type="checkbox"/> Paper Return <input checked="" type="checkbox"/> Electronically Filed</p> |  2152511519 | <p>Individual or Fiduciary Name and Address:</p> <p>PREM CHAND RACHARLA 234 PRESTON WOODS TRL ATLANTA GA 30338</p> <p>TYPE OF RETURN: <input checked="" type="checkbox"/> 09-Individual <input type="checkbox"/> 10-Fiduciary</p> | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Taxpayer's SSN or Fiduciary FEIN 599-67-3017</td> <td style="width: 25%;">Spouse's SSN (if joint or combined return)</td> <td style="width: 10%;">Tax Year 2020</td> <td style="width: 20%;">Daytime Telephone Number 669-234-2798</td> <td style="width: 20%;">Vendor Code 115</td> </tr> </table> | | | Taxpayer's SSN or Fiduciary FEIN 599-67-3017 | Spouse's SSN (if joint or combined return) | Tax Year 2020 | Daytime Telephone Number 669-234-2798 | Vendor Code 115 |
| Taxpayer's SSN or Fiduciary FEIN 599-67-3017 | Spouse's SSN (if joint or combined return) | Tax Year 2020 | Daytime Telephone Number 669-234-2798 | Vendor Code 115 | | | |

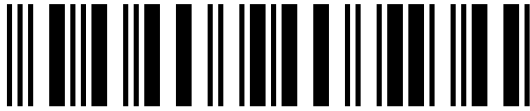
PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.

PROCESSING CENTER
GEORGIA DEPARTMENT OF REVENUE
PO BOX 740323
ATLANTA GA 30374-0323

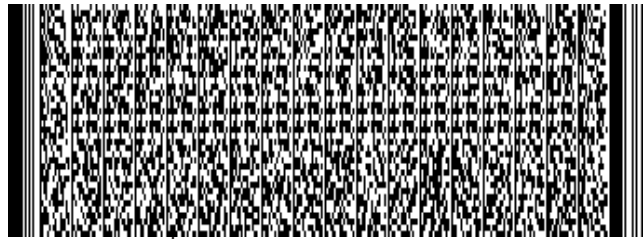
Amount Paid \$ 48.00

5250059967301722009212000000000000011500000048002

REV 03/25/21 PRO



2100411512



Georgia Form 500 (Rev. 06/20/20)

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 ID

060436392

YOUR FIRST NAME MI YOUR SOCIAL SECURITY NUMBER
1. PREM CHAND 599-67-3017

LAST NAME (For Name Change See IT-511 Tax Booklet) SUFFIX
RACHARLA

SPOUSE'S FIRST NAME MI SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME SUFFIX

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED
2. 234 PRESTON WOODS TRL

CITY (Please insert a space if the city has multiple names) STATE ZIP CODE
3. ATLANTA GA 30338

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number 4. 1

1. FULL- YEAR RESIDENT 2. PART- YEAR RESIDENT TO 3. NONRESIDENT

Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.

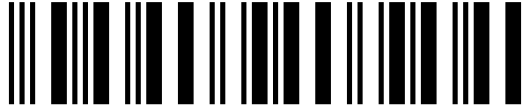
5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... 5. A

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 appropriate box(es) and enter total in 6c.) 6a. Yourself [X] 6b. Spouse [] 6c. 1

7a. Number of Dependents (Enter details on Line 7b., and DO NOT include yourself or your spouse)..... 7a.

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING



2100411522

YOUR SOCIAL SECURITY NUMBER
 599-67-3017

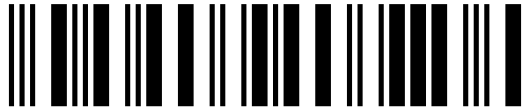
7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents)

| | |
|-------------------------------|----------------------------|
| First Name, MI. | Last Name |
| Social Security Number | Relationship to You |
| First Name, MI. | 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 |

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)..... | 8. | 94992 |
| (Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1. | | |
| 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. | 94992 |
| 11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION)..... | 11a. | 4600 |
| (See IT-511 Tax Booklet) | | |
| b. Self: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/> Total x 1,300=..... | 11b. | |
| Spouse: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/> | | |
| c. Total Standard Deduction (Line 11a + Line 11b)..... | 11c. | 4600 |
| Use EITHER Line 11c OR Line 12c (Do not write on both lines) | | |
| 12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must include Federal 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. | 90392 |



2100411532

YOUR SOCIAL SECURITY NUMBER
 599-67-3017

| | | |
|---|------|-------|
| 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. | 87692 |
| 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. | 87692 |
| 16. Tax (Use the Tax Table in the IT-511 Tax Booklet) | 16. | 4867 |
| 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. | 4867 |

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: <input checked="" type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP | 1. WITHHOLDING TYPE: <input type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP | 1. WITHHOLDING TYPE: <input type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP |
| 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input checked="" type="checkbox"/> SSN <input type="checkbox"/> 471662481 | 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/> | 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/> |
| 3. EMPLOYER/PAYER STATE WITHHOLDING ID 471662481 | 3. EMPLOYER/PAYER STATE WITHHOLDING ID | 3. EMPLOYER/PAYER STATE WITHHOLDING ID |
| 4. GA WAGES / INCOME 95292 | 4. GA WAGES / INCOME | 4. GA WAGES / INCOME |
| 5. GA TAX WITHHELD 4819 | 5. GA TAX WITHHELD | 5. GA TAX WITHHELD |

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING

REV 03/25/21 PRO



2100411542

YOUR SOCIAL SECURITY NUMBER
 599-67-3017

Page 4

(INCOME STATEMENT D)

1. **WITHHOLDING TYPE:**
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)** **SSN**

(INCOME STATEMENT E)

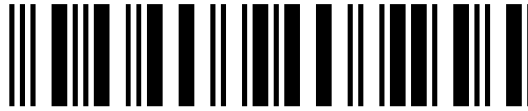
1. **WITHHOLDING TYPE:**
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)** **SSN**

(INCOME STATEMENT F)

1. **WITHHOLDING TYPE:**
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)** **SSN**

3. **EMPLOYER/PAYER STATE WITHHOLDING ID** 3. **EMPLOYER/PAYER STATE WITHHOLDING 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 Wages and 1099s | 23. | 4819 |
| <small>(Enter Tax Withheld Only and include W-2s and/or 1099s)</small> | | |
| 24. Other Georgia Income Tax Withheld | 24. | |
| <small>(Must include G2-A, G2-FL, G2-LP and/or G2-RP)</small> | | |
| 25. Estimated Tax paid for 2020 and Form IT-560 | 25. | |
| 26. Schedule 2B Refundable Tax Credits | 26. | |
| <small>(Cannot be claimed unless filed electronically)</small> | | |
| 27. Total prepayment credits (Add Lines 23, 24, 25 and 26) | 27. | 4819 |
| 28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter balance due | 28. | 48 |
| 29. If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter overpayment | 29. | |
| 30. Amount to be credited to 2021 ESTIMATED TAX | 30. | |
| 31. Georgia Wildlife Conservation Fund (No 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 gift of less than \$1.00) | 33. | |
| 34. Georgia Land Conservation Program (No 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 than \$1.00) | 37. | |
| 38. Realizing Educational Achievement Can Happen (REACH) Program | 38. | |
| <small>(No gift of less than \$1.00)</small> | | |



2100411552

YOUR SOCIAL SECURITY NUMBER
599-67-3017

- 39. Public Safety Memorial Grant (No gift of less than \$1.00)..... 39.
- 40. Form 500 UET (Estimated tax penalty) 500 UET exception attached 40.
- 41. (If you owe) Add Lines 28, 31 thru 40 41. 48
MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE..

Amount Due Mail To:
GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER, PO BOX 740399
ATLANTA, GA 30374-0399

- 42. (If you are due a refund) Subtract the sum of Lines 30 thru 40 from Line 29
THIS IS YOUR REFUND..... 42.
If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.

42a. Direct Deposit (U.S. Accounts Only)

Type: Checking Routing Number
Savings Account Number

Refund Due Mail To:
GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER, PO BOX 740380
ATLANTA, GA 30374-0380

INCLUDE ALL ITEMS IN ENVELOPE, **DO NOT STAPLE YOUR CHECK, W-2s, OTHER WITHHOLDING DOCUMENTS, OR TAX RETURN.**
I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

Taxpayer's Signature (Check box if deceased)

Spouse's Signature (Check box if deceased)

Date

Date

Taxpayer's Phone Number
669-234-2798

I authorize DOR to discuss this return with the named preparer.

By providing my e-mail address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Taxpayer's E-mail Address

SYAM PRIYA RAM SAGAR GUPTA TALLAM
Signature of Preparer
Name of Preparer Other Than Taxpayer
SYAM PRIYA RAM SAGAR GUPT

Preparer's Phone Number
678-965-9522

Preparer's FEIN
30-1017196

Preparer's Firm Name
GLOBAL TAXES LLC

Preparer's SSN/PTIN/SIDN
P02082703