



Georgia Form 500 (Rev. 08/02/21) Individual Income Tax Return Georgia Department of Revenue 2021 (Approved software version)

Page 1

Beginning

YOUR DRIVER'S Fiscal Year LICENSE/STATE ID Ending

YOUR FIRST NAME YOUR SOCIAL SECURITY NUMBER 1. KEERTHI 071-75-4485

STATE **ISSUED**

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

KAKU

SPOUSE'S FIRST NAME SPOUSE'S SOCIAL SECURITY NUMBER

881-39-9781

SUFFIX

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** 2.910 DEERFIELD CROSSING DRIVE

APT NO 12206

ZIP CODE CITY (Please insert a space if the city has multiple names) STATE 3. ALPHARETTA 30004 GA

(COUNTRY IF FOREIGN)

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

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue 2021



-

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

YOUR SOCIAL SECURITY NUMBER 071-75-4485

Page **2**

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	
	orm 1040) 8. e amount on Line 8 is \$40,000 or more, or your gro	92532 oss income is less than your
W-2s you must include a copy of your Federal I9. Adjustments from Form 500 Schedule 1 (See IT-		
10. Georgia adjusted gross income (Net total of Line		
11. Standard Deduction (Do not use FEDERAL STAI (See IT-511 Tax Booklet)	NDARD DEDUCTION) 11a.	
b. Self: 65 or over? Blind? Total	x 1,300= 11b.	
Spouse: 65 or over? Blind? c. Total Standard Deduction (Line 11a + Line 11b Use EITHER Line 11c OR Line 12c (Do not write		
12. Total Itemized Deductions used in computing Feder	ral Taxable Income. If you use itemized deductions, y	you must include Federal Schedule A
a. Federal Itemized Deductions (Schedule A- Fo	orm 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	0; enter balance 13.	

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue



2200411533

YOUR SOCIAL SECURITY NUMBER 071-75-4485

2021

Page 3

14a.	Enter the numbor multiply by \$				by \$2,700 for	filing status A c	orD 14a.				
14b.	Enter the numb	er from L	ine 7a.	Multiply b	oy \$3,000		14b.				
14c.	Add Lines 14a.	and 14b	. Enter total		•••••		14c.				
	Income before Georgia NOL u applying the 80	tilized (C	annot excee	d Line 15	a or the am	ount after					5993
15c.	Georgia Taxabl	le Income	e (Line 15a le	ess Line 1	15b)		15c.				5993
16.	Tax (Use Tax 1	Γable or ٦	Tax Rate Sch	nedule in	the IT-511	Гах Booklet)	16.				227
17.	Low Income C	credit	17a.	17b.			. 17c.				
18.	Other State(s)	Tax Cred	lit (Include a	copy of t	he other sta	ate(s) return)	18.				
19.	Credits used from	om IND-0	CR Summary	/ Worksh	eet		19.				
20.	Total Credits (m Schedule	2 Georg	ia Tax Cred	dits (must be	filed 20.				
21.	Total Credits Use		Lines 17-20)	cannot exc	ceed Line 16		21.				0
22.	Balance (Line	16 less Li	ine 21) if zero	or less t	han zero, er	nter zero	22.				227
GΑ		For othe	r income sta			•	vas withheld. Ente income reported f				G2-As on Line 4 Form G2-LP Line
	(INCOME ST	ATEMENT	A)		(INCO	ME STATEME	NT B)		(INCOME	STATEMENT	C)
1.	WITHHOLDING T	YPE:		1.	WITHHOLD	ING TYPE:		1.	WITHHOLDING	TYPE:	
	X W-2	G2-A	G2-LP		W-2	G2-A	G2-LP		W-2	G2-A	G2-LP
2.	1099 EMPLOYER/PAYI ID NUMBER (FEIN		G2-RP AL SN	2.	1099 EMPLOYER ID NUMBER	G2-FL R/PAYER FEDE R (FEIN)	G2-RP RAL SSN	2.	1099 EMPLOYER/PA ID NUMBER (F		
	27253462	25									
3.	EMPLOYER/PAY 31522501		WITHHOLDIN	G ID 3.	EMPLOYE	R/PAYER STAT	E WITHHOLDING ID	3.	EMPLOYER/P	AYER STATE	WITHHOLDING ID
4.	GA WAGES / INC	оме 6461		4.	GA WAGE	S / INCOME		4.	GA WAGES /	NCOME	
5.	GA TAX WITHHE	288		5.	GA TAX WI	THHELD		5.	GA TAX WITH	HELD	

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

PAGES (1-5) ARE REQUIRED FOR PROCESSING

REV 03/02/22 PRO

21

T1

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue 2021



2200411543

YOUR SOCIAL SECURITY NUMBER 071-75-4485

ID

Page 4

1. 2. 3.	(INCOME STATEMENT D) WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN EMPLOYER/PAYER STATE WITHHOLDING ID	1. 2. 3.	WITHHOLDING W-2 1099 EMPLOYER/PA' ID NUMBER (FE	G2-A G2-FL YER FEDERA IN) SSI	G2-LP G2-RP L	1. 2.	WITHHOLDING T W-2 1099	G2-A G2-FL ER FEDERAL N) SSN	G2-LP G2-RP THHOLDING I
4. 5.	GA WAGES / INCOME GA TAX WITHHELD		GA WAGES / IN				GA WAGES / INC		
23.	Georgia Income Tax Withheld on Wage	s an	d 1099s		. 23.				288
	(Enter Tax Withheld Only and include W-2s	and	/or 1099s)						
24.	Other Georgia Income Tax Withheld (Must include G2-A, G2-FL, G2-LP and/or	 G2-R	P)		24.				
25.	Estimated Tax paid for 2021 and Form	T-56	0		25.				
26.	Schedule 2B Refundable Tax Credits (Cannot be claimed unless filed electror				26.				
27.	Total prepayment credits (Add Lines 23,	24, 2	25 and 26)		. 27.				288
28.	If Line 22 exceeds Line 27, subtract Line balance due				28.				
29.	If Line 27 exceeds Line 22, subtract Line overpayment				29.				61
30.	Amount to be credited to 2022 ESTIMA	ATE) TAX		30.				0
31.	Georgia Wildlife Conservation Fund (No	gift	of less than \$1	.00)	. 31.				
32.	Georgia Fund for Children and Elderly (No g	ift of less than	\$1.00)	. 32.				
33.	Georgia Cancer Research Fund (No gif	t of I	ess than \$1.00)	. 33.				
34.	Georgia Land Conservation Program (N	o gif	t 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 to	nan (\$1.00)		. 37.				
38.	Realizing Educational Achievement Can Ha (No gift of less than \$1.00)					- 00	SING		





YOUR SOCIAL SECURITY NUMBER 071-75-4485

2021

Page 5

•						
39. Public Safety Memorial	Grant (No gift of le	ss than \$1.00)		39.		
40. Form 500 UET (Estim a	ated tax penalty)	500 UET exception	on attached	40.		
41. (If you owe) Add Lin MAKE CHECK PAYAE		EPARTMENT OF	REVENUE	41.		
Amount Due Mail To: GEORGIA DEPARTME PROCESSING CENTER ATLANTA, GA 30374-0	R, PO BOX 740399					
2. (If you are due a refund	•					
THIS IS YOUR REFUN				42.		61
-	-	mation or if you	are a first tii	me filer you w	II be issued a paper check.	
2a. Direct Deposit (U.S. Accounts	Only)				(B. (. 1B 14.11.7	
Type: Checking X	Routing Number 064000	0020			Refund Due Mail To: GEORGIA DEPARTMENT OF RE	
Savings	Account Number 444019	9590303			PROCESSING CENTER, PO BOX ATLANTA, GA 30374-0380	740380
I/We declare under the penalties	of perjury that I/we have e	examined this return (in a person other than the	ectuding accomp	anying schedules a	DOCUMENTS, OR TAX RETURN. and statements) and to the best of my/our ki sed on all information of which the preparer h (Check box if deceased)	
1 7 3	`	,	'	3	(6.1331, 237, 11 2333322)	
Taxpayer's Date of Death	า		Spouse's	Date of Death		
Taxpayer's Signature Da	te	Taxpayer's Phone 585-629-33			Spouse's Signature Date	
By providing my e-mail addres my account(s).	ss I am authorizing the G	eorgia Department of F	Revenue to elec	tronically notify me	at the below e-mail address regarding any u	updates to
Taxpaver's E-mail Addre	ess					

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

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

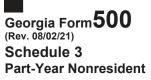
Preparer's FEIN 30-1017196

Preparer's Firm Name
GLOBAL TAXES LLC

Preparer's SSN/PTIN/SIDN P02082703

Preparer's Phone Number 678-965-9522

REV 03/02/22 PRO





2207411513

Schedule 3 Page 1

YOUR SOCIAL SECURITY NUMBER 071-75-4485

2021 (Approved software version)

DO NOT USE LINES 9 THRU 14 OF PAGES 2 AND 3 FORM 500 or 500X

SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS.

Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See IT-511 Tax Booklet.

Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See IT-511 Tax Booklet.								
F	EDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A)	INCOME NOT TAXABLE TO GEORGIA (COLUMN B)		GEORGIA INCOME (COLUMN C)				
1.	WAGES, SALARIES, TIPS, etc 92532	1. WAGES, SALARIES, TIPS, etc 86071	1.	WAGES, SALARIES, TIPS, etc	6461			
2.	INTEREST AND DIVIDENDS	2. INTEREST AND DIVIDENDS	2.	INTEREST AND DIVIDENDS				
3.	BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)	3.	BUSINESS INCOME OR (LOSS)				
4.	OTHER INCOME OR (LOSS)	4. OTHER INCOME OR (LOSS)	4.	OTHER INCOME OR (LOSS)	0			
5.	TOTAL INCOME: TOTAL LINES 1 THRU 4 9 2 5 3 2	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 86071	5.	TOTAL INCOME: TOTAL LINES 1	THRU4 6461			
6.	TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040	6.	TOTAL ADJUSTMENTS FROM F	FORM 1040			
	TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7.	TOTAL ADJUSTMENTS FROM F SCHEDULE 1	ORM 500,			
	ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7	8.	ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES	6 AND 7			
	92532	86071			6461			
9.	RATIO: Divide Line 8, Column C by Line check the box for Time Ratio.	e 8, Column A enter percentage or r percentage	9.	6.98	% Not to exceed 100%			
10a	. Itemized or Standard Deduction X	or Georgia Itemized (See IT-511 Tax Booklet)	10a		3000			
10b	o. Additional Standard Deduction Self: 65 or over? Blind? Spouse: 65 or	or over? Blind? Total X 1,300=	101	.				
11.	Personal Exemptions from Form 500 or Fo	orm 500X (See IT-511 Tax Booklet)						
11a.	Enter the number on Line 6c from Form 500 filing status A or D or multiply by \$3,700 for fi		11a	1.	3700			
11b	e. Enter the number on Line 7a from Form 500	or Form 500X multiply by \$3,000	111	0.				
12.	Total Deductions and Exemptions: Add L	ines 10a, 10b, 11a, and 11b	12		6700			
	Multiply Line 12 by Ratio on Line 9 and en		13		468			
14.	Income before GA NOL: Subtract Line 13 Enter here and on Line 15a, Page 3 of Fo	· ·	14		5993			

E1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

Filing Status Check only one box.	If yo	u checked the MFS box, enter the nation is a child but not your dependent	ame of	HAKRADHAR NAIDU YE	chec	ked the HOH o		, ,	e child's	s name if th	ne qualifying
Your first name	and mi	ddle initial	Last n	ame					Your so	cial securi	ty number
KEERTHI			KAK	U					071-	75-448	5
If joint return, s	pouse's	first name and middle initial	Last n	ame					Spouse	's social se	curity number
									881-	39-978	1
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				Apt. no.	Preside	ential Election	on Campaign
								Check here if you, or your			
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces below.	Sta	ite	ZIP	code	spouse if filing jointly, want \$3 to go to this fund. Checking a		
ALPHARE'	ΓΤΑ				G	A	30	004		low will not	
Foreign country	y name			Foreign province/state	/coun	ty	Fore	ign postal code	1	x or refund.	•
										You	Spouse
At any time du	ring 20	021, did you receive, sell, exchange,	or oth	erwise dispose of ar	y fina	ancial interest i	in any	/ virtual curre	ncy?	Yes	⊠ No
Standard	Som	eone can claim:	pendei	nt Your spou	se as	a dependent					
Deduction		Spouse itemizes on a separate returi	n or yo	u were a dual-status	alier	า					
Age/Blindness	You:	Were born before January 2, 1	957	Are blind Sp	ouse	: Was bo	rn be	fore January 2	2, 1957	☐ Is bl	ind
Dependents	s (see	instructions):		(2) Social securit	у	(3) Relationsh	nip	(4) 🗸 if q	ualifies fo	r (see instru	ictions):
If more	(1) F	irst name Last name	number to you				Child tax c	redit	Credit for ot	her dependents	
than four											
dependents, see instruction	e										
and check	·										
here ▶ □											
	1_	Wages, salaries, tips, etc. Attach F	orm(s)	W-2					. 1		92,532.
Attach	2a	Tax-exempt interest	2a		b T	axable interes	t		. 2b		
Sch. B if required.	3a	Qualified dividends	3a		b (Ordinary divide	nds		. 3b)	
required.	4a	IRA distributions	4a		b T	axable amoun	nt.		. 4b)	
	5a	Pensions and annuities	5a		b Taxable amount .				. 5b		
Standard	6a	Social security benefits	6a		b T	axable amoun	nt .		. 6b		
Deduction for—	7	Capital gain or (loss). Attach Scheo	dule D	if required. If not req	uired	l, check here		▶[_ 7		
Single or Married filing	8	Other income from Schedule 1, line	e 10						. 8		
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a	and 8.	This is your total inc	ome				▶ 9		92,532.
Married filing	10	Adjustments to income from Scheo	dule 1,	line 26					. 10)	
jointly or Qualifying	11	Subtract line 10 from line 9. This is	your a	adjusted gross inco	me				▶ 11	!	92,532.
widow(er), \$25,100	12a	Standard deduction or itemized	deduc	tions (from Schedule	e A)	12	а	12,55	0.		
Head of	b	Charitable contributions if you take	the sta	andard deduction (see	insti	ructions) 12	b				
household, \$18,800	С	Add lines 12a and 12b							. 12	С	12,550.
If you checked	13	Qualified business income deducti	on fro	m Form 8995 or Forr	n 899	95-A			. 13	3	
any box under Standard	14	Add lines 12c and 13							. 14	1 :	12,550.
Deduction, see instructions.	15	Taxable income. Subtract line 14	. 15	5	79,982.						

	16	Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🔲 4972 3 🔲		16	13,343.
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	13,343.
	19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812 .		19	
	20	Amount from Schedule 3, line 8		20	
	21	Add lines 19 and 20		21	
	22	Subtract line 21 from line 18. If zero or less, enter -0		22	13,343.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	0.
	24	Add lines 22 and 23. This is your total tax		24	13,343.
	25	Federal income tax withheld from:			
	а	Form(s) W-2	8,496.		
	b	Form(s) 1099			
	С	Other forms (see instructions)		1	
	d	Add lines 25a through 25c		25d	8,496.
	26	2021 estimated tax payments and amount applied from 2020 return		26	· · · · · · · · · · · · · · · · · · ·
If you have a Lagrangian qualifying child,	27a	Earned income credit (EIC)			
attach Sch. EIC.		Check here if you were born after January 1, 1998, and before		1	
		January 2, 2004, and you satisfy all the other requirements for			
		taxpayers who are at least age 18, to claim the EIC. See instructions ▶ ☐			
	b	Nontaxable combat pay election			
	С	Prior year (2019) earned income			
	28	Refundable child tax credit or additional child tax credit from Schedule 8812 28		-	
	29	American opportunity credit from Form 8863, line 8		-	
	30	Recovery rebate credit. See instructions		-	
	31	Amount from Schedule 3, line 15		_	
	32	Add lines 27a and 28 through 31. These are your total other payments and refundable		32	0.406
	33	Add lines 25d, 26, and 32. These are your total payments		33	8,496.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpa		34	
D: 1.1 '10	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here .	35a		
Direct deposit? See instructions.	▶b	Routing number X X X X X X X X X X X X X X C Type: Checking	Savings		
	► d	Account number X X X X X X X X X X X X X X X X X X X			
A	36	Amount of line 34 you want applied to your 2022 estimated tax			4 0 4 7
Amount You Owe	37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instruction	ns . ►	37	4,847.
	38	Estimated tax penalty (see instructions)			
Third Party Designee		byou want to allow another person to discuss this return with the IRS? See structions	s. Complete l	alow	X No
Designee			Personal identi		
		9.	number (PIN)		
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and stat			
Here	beli	ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all infor			,
11010	You	ur signature Date Your occupation			it you an Identity N, enter it here
Joint return?		SOFTWARE ENGINEER		inst.) ▶	N, enter it fiere
See instructions.	Spo	ouse's signature. If a joint return, both must sign. Date Spouse's occupation	If the	IRS ser	it your spouse an
Keep a copy for			Iden	tity Prote	ection PIN, enter it here
your records.			(see	inst.) ▶	
		one no. (585)629-3232 Email address CHAKRI2708@GMAIL.			
Paid		eparer's name Preparer's signature Date	PTIN		Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/17/20			Self-employed
Use Only		m's name ► GLOBAL TAXES LLC	Phor	<u>ne no. (</u>	678)965-9522
	Firr	m's address ▶ 2530 Pebble Creek Ln Cumming GA 30041	Firm	's EIN ▶	30-1017196
Go to www.irs.go	ov/Form	n1040 for instructions and the latest information. BAA REV 03/12/22 P	RO		Form 1040 (2021)

Form 1040 (2021)

Page **2**