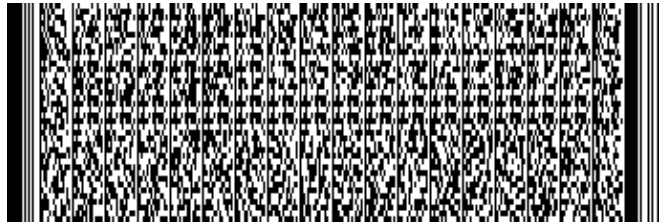2200411513

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

Page 1

Fiscal Year Beginning	**STATE ISSUED**
Fiscal Year Ending	**YOUR DRIVER'S LICENSE/STATE ID**

YOUR FIRST NAME   **MI**   **YOUR SOCIAL SECURITY NUMBER**

1. KHATIJA   739-50-3475

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

BEGUM

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. 334 BRAXTON PLACE

CITY (Please insert a space if the city has multiple names)   **STATE**   **ZIP CODE**

3. TUCKER   GA   30084

(COUNTRY IF FOREIGN)

Residency Status

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.

Filing Status

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 ✕   6b. Spouse   **6c.** 1

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

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YOUR SOCIAL SECURITY NUMBER
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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 -3456.

8. Federal adjusted gross income (From Federal Form 1040)................................... 8.   17165
   (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.   17165

11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION).............. 11a.   4600
    (See IT-511 Tax Booklet)

    b. Self: 65 or over?   Blind?   Total   x 1,300=......................... 11b.
        Spouse: 65 or over?   Blind?

    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.   12565

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14a. Enter the number from Line 6c. **1** Multiply by $2,700 for filing status A or D   14a.   2700
or multiply by $3,700 for filing status B or C

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.   9865
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.   9865

16. Tax (Use Tax Table or Tax Rate Schedule in the IT-511 Tax Booklet) 16.   395

17. Low Income Credit   17a. **1**   17b. **5** 17c.   5

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**   20.
     electronically)

21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16 ....   21.   5

22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero 22.   390

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:**	1. **WITHHOLDING TYPE:**	1. **WITHHOLDING TYPE:**
X W-2 G2-A G2-LP	W-2 G2-A G2-LP	W-2 G2-A G2-LP
1099 G2-FL G2-RP	1099 G2-FL G2-RP	1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)** X **SSN**	2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)** **SSN**	2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)** **SSN**
311842825		
3. **EMPLOYER/PAYER STATE WITHHOLDING ID**	3. **EMPLOYER/PAYER STATE WITHHOLDING ID**	3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
2293149LI		
4. **GA WAGES / INCOME**	4. **GA WAGES / INCOME**	4. **GA WAGES / INCOME**
19665		
5. **GA TAX WITHHELD**	5. **GA TAX WITHHELD**	5. **GA TAX WITHHELD**
864		

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.
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(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**

3. **EMPLOYER/PAYER STATE WITHHOLDING ID**

4. **GA WAGES / INCOME**

5. **GA TAX WITHHELD**

(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**

3. **EMPLOYER/PAYER STATE WITHHOLDING ID**

4. **GA WAGES / INCOME**

5. **GA TAX WITHHELD**

(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**

4. **GA WAGES / INCOME**

5. **GA TAX WITHHELD**

No.	Description	Line	Amount
23.	**Georgia Income Tax Withheld on Wages and 1099s** .... (Enter Tax Withheld Only and include W-2s and/or 1099s)	23.	864
24.	**Other Georgia Income Tax Withheld**.. (Must include G2-A, G2-FL, G2-LP and/or G2-RP)	24.	
25.	Estimated Tax paid for 2021 and Form IT-560	25.	
26.	Schedule 2B Refundable Tax Credits... (Cannot be claimed unless filed electronically)	26.	
27.	Total prepayment credits (Add Lines 23, 24, 25 and 26)...........................	27.	864
28.	If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter balance due...	28.	
29.	If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter overpayment	29.	474
30.	**Amount to be credited to 2022 ESTIMATED TAX**	30.	0
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 .... **(No gift of less than $1.00)**	38.	

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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.
    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.   474
    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   083000108
      Savings   Account Number   3033307459

> **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.

Taxpayer's Signature   (Check box if deceased)   Spouse's Signature   (Check box if deceased)

Taxpayer's Date of Death   Spouse's Date of Death

Taxpayer's Signature Date   Taxpayer's Phone Number   Spouse's Signature Date
                                334-220-1570

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

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

SYAM PRIYA RAM SAGAR GUPTA TALLAM   Preparer's Phone Number
Signature of Preparer   678-965-9522
Name of Preparer Other Than Taxpayer   Preparer's FEIN
SYAM PRIYA RAM SAGAR GUPT   30-1017196

Preparer's Firm Name   Preparer's SSN/PTIN/SIDN
GLOBAL TAXES LLC   P02082703

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