

Department of the Treasury Internal Revenue Service

## IRS effle Signature Authorization

ERO must obtain and retain completed Form 8879. ► Go to www.irs.gov/Form8879for the latest information

Submission Identification Number (SID)		
Taxpaya's name	Social securit	tynumber
SANTHOSHI KETHINEEDI	058-69-	-3509
Spouled's name	Spouee's soc	ial securitynumber
Part I Tax Return Information — Tax Year Ending December 31, 2021	. (Enteryæryoua	reauthorizing)
Enterwholeddlarsonlyon lines 1 through 5	` 3 3	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank		
1 Adjusted gross income		1 34,573.
2 Totaltax		2 1,688.
3 Federal income tax withheld from Form(s) W-2and Form(s) 1099		3 3,900.
4 Amount you want refunded to you		4 3,612.
<u>5</u> Amountyauove		5
Part II Taxpayer Declaration and Signature Authorization (Besure youge	etand keep a cop	yofyaur retum)
return (criginal or amended) I am now authorizing I consent to allow my intermediate service provide to send my return to the IRS and to receive from the IRS (a) an advrowledgement of receipt or reaso for any delay in processing the return or return) and (c) the date of any return. If applicable, I author Agent to initiate an ACH electronic funds with dawal (direct debit) entry to the financial institution acc payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancella business days prior to the payment (settlement) date. I also authorize the financial institutions involve taxes to receive confidential information necessary to answer inquiries and resolve issues related personal identification number (PIN) below is my signature for the income tax return (original or ame Electronic Funds Withdrawal Consent	on for rejection of the tr ize the U.S. Træsury a count indicated in the te l institution to debit the terminate the authorize ation requests must be ed in the processing of I to the payment I furt	ansmission, (b) the reason nd its designated Financial ax preparation software for entry to this account. This ation. To revoke (cancel) a e received no later than 2 "the electronic payment of ther acknowledge that the
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Part III Certification and Authentication – Practitioner PIN Method Only		
ERO's EFIN/PIN Enteryoursix-digit EFIN followed by your five-digit self-selected PIN		8 6 1 9 8 9 er all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual i authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I requirements of the Practitioner PIN method and Pub. 1345. Handbook for Authorized IRS e-file Provi	am submitting this refu	un in accordance with the

EROssignature► Date EROMust Retain This Form - See Instructions Dan't Submit This Form to the IRS Unless Requested To Do So

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

Farm 1040(2021)

Farm 1040(202	)								Page 2	
	16	Tax (see instructions). Check if any from Form (s	3): 1 🗌 8814	4 2 4972	3			16	2,408.	
	17	Amount from Schedule 2 line 3						17		
	18	Add lines 16 and 17						18	2,408.	
	19	Norrefundable child tax credit or credit for oth	ner depender	nts from Schedule	8812			19		
	20	Amount from Schedule 3, line 8						20	720.	
	21	Add lines 19and 20						21	720.	
	22	Subtractline 21 from line 18 Ifzero or less, er	nter-O.					22	1,688.	
	23	Other taxes, including self-employment tax, fro	am Schedule	2, line 21				23	0.	
	24	Add lines 22 and 23 This is your total tax						24	1,688.	
	25	Federal income tax withheld from:								
	а	Form(s)W-2			25a	3,9	900.			
	b	Form(s) 1099			250					
	С	Otherfams (see instructions)			25c					
	d	Addlines 25a through 25c						25d	3,900.	
	26	2021 estimated tax payments and amount app	olied from 20	20 return				26		
lfyouhavea <sup>L</sup> qualifying child,	2īa	Earned income credit (EIC)	·	No	27a					
attach Sch EIC.		Check here if you were born after Januar								
		January 2 2004 and you satisfy all the								
		taxpayers who are at least age 18 to daim the	1 1	structions 🕨 📋						
		Nontaxable combat payelection			-					
	С	Prioryear (2019) earned income								
	28	Refundable child tax credit cradbiticnal child ta		1	28					
	29	American opportunity arealit from Farm 8863		1	29					
	30	Recovery relate credit See instructions		1	30	1,4	400.			
	31	Amount from Schedule 3 line 15			31				1 400	
	32	Add lines 27a and 28 through 31. These are you						32	1,400.	
	33	Add lines 25d, 26, and 32 These are your tota						33	5,300.	
Refund	34	Ifline 33 is more than line 24 subtract line 24				•	•	34	3,612.	
	35a	Amount of line 34 you want refunded to you					• 📙	35a	3,612.	
Direct deposit? See instructions		b       Routing number       1       1       0       0       6       1       4 <ul> <li>CType</li> <li>Checking</li> <li>Savings</li> <li>Savings</li> <li>Account number</li> <li>7</li> <li>5</li> <li>2</li> <li>7</li> <li>8</li> <li>5</li> <li>3</li> <li>8</li> <li>4</li> <li>CType</li> <li>Checking</li> <li>Savings</li> <li< td=""></li<></ul>								
	►d									
	36	Amountofline 34 you want applied to your 2			36			~		
Amount YouOwe	37 27	Amountyou ove. Subtractline 33 from line 2		1 5	1 1	lations .		37		
	38	Estimated tax penalty (see instructions)			38					
Third Party		) you want to allow another person to discu structions	es tris retu	n with the IRS?		] Yes. Com	nlatah	daw		
Designæ		ignæs	 Phone			Persona				
		ne 🕨	m ►			number				
Sign	Un	der penalties of parjury, I declare that I have examined	l this return and	laccompanying sche	edules an	d statements	and to	thebes	stofmy knowledge and	
Here	bel	ef, they are true, correct, and complete. Declaration of	preparer (other	than taxpayer) is ba	sedonal	information of	ofwhich	prepare	er hæsanyknowledge	
IDC	Yo	ursignature [	Date	Yaraaqation					ntyouanIdentity	
	Ν				NOTIT	מתי		rst)▶	N, enterithere	
Jaintretum? Sæinstructions		ouees signature. If a joint return, both must sign [	Date	SOFTWARE E		LK		,	ntyaurspause an	
Kæpacopyfor			Late	Sputtestupaid					ection PIN, enterithere	
yaurrecords							(sæ i	rst)▶		
	Ph	onena (409)549-7076 E	Email address	SANTHOSHI25	16@GM	AIL.COM				
Deid	Pre	parer's name Preparer's signatur	e		Date	P	ΠN		Check if:	
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RA	AM SAGAR (	GUPTA TALLAM	02/08	/2022 PC	2082	703	Self-employed	
Preparer	Fin	n'sname► GLOBAL TAXES LLC					Phon	ena (	678)965-9522	
UseOnly	Fin	m'saddress►2530 Pebble Creek Ln	Cumming	g GA 30041				s⊟N ►		
Go to www.irsa		1040forinstructions and the latest information		BAA	REV 01/3	1/22 PRO	-		Farm 1040(2021)	
		•••••••••••••••••••••••••••••••••••••••		<b>U</b> AA						

SCHEDULE 3 (Form 1040)

Department of the Treasury

Internal Revenue Service

# Additional Oreclits and Payments

0MB No 1545-0074

ン

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

Attachment Sequence Nb CB r

-

2

	(s) shown an Farm 1040, 1040-SR, ar 1040-NR I'HOSHI KETHINEEDI	cial s 59-3!	ecurity number 509		
Par	tl Norrefundable Credits				
1	Foreign tax area it Attach Form 1116 if required			1	
2	Oredit for child and dependent care expenses from Form 244 Form 2441	1, line 11. <i>i</i>	Attach	2	
З	Education area its from Form 8863 line 19			З	720.
4	Retirement savings contributions area it Attach Form 8880			4	
5	Residential energy area its Attach Farm 5695			5	
6	Other name fundable area its				
а	General business credit Attach Form 3800	6a			
b	Oredit for prior year minimum tax. Attach Form 8801	රා			
С	Adaption area it Atlach Form 8839	60			
d	Oredit for the elderly or disabled. Attach Schedule R	ପ୍ରେ			
е	Alternative motor vehicle credit Attach Form 8910	6e			
f	Qualified plug-in motor vehicle credit Atlach Form 8936	රි			
g	Mangage interestared it Atlach Farm 8396	රගු			
h	District of Columbia first-time homebuyer credit Atlach Form 8859	പ്പ			
i	Qualified dectric vehide area it Attach Farm 8834	6			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	Ġ			
k	Oredit to holders of tax aredit bands Attach Farm 8912	6k			
Ι	Amount on Form 8978 line 14 See instructions	6			
Z	Other nonefundable area its List type and amount	62			
7	Total other nonefundable credits Add lines & through &			7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040	)-SR, ar 104	IONR,		
	line 20		[	8	720.
EarDo	perwork Reduction Act Notice, see your tax return instructions.				ued on page 2)
i u ra		REV 01/31/22 F	-KU 3	տ եսև	Je 3 (Form 1040) 2021

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

BAA

Schedule 3 (Form 1040) 2021

Schedule 3 (Form 1040) 2021

Part II Other Payments and Refundable Credits

				Page 2
			9	
			10	

9	Netpremium tax credit Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Oredit for federal tax on fuels Attach Form 4136		12	
13	Other payments or refundable credits			
а	Form 2439	13a		
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	130		
С	Health coverage tax credit from Form 8885	13c		
d	Oredit for repayment of amounts included in income from earlier years	133		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Oredit for child and dependent care expanses from Form 2441, line 10 Atlach Form 2441	13ე		
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13h		
Z	Other payments ar refundable arealitis List type and amount	132		
14	Total other payments or refundable credits Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14 Enter here and on Form 1040, 104	)SR, or 1040/NR,		
	line 31		15	
	BAA REV	01/31/22 PRO	Schedu	le 3 (Form 1040) 2021



Name(s) shown on return

## Education Orecits (American Opportunity and Lifetime Learning Orecits)

OMB No. 1545-0074

► Attach to Form 1040or 1040SR.

► Go to www.irs.gov/Form8863for instructions and the latest information

Attachment Sequence No. 50 Your social security number

1  $\angle$ 

SANTHOSHI KETHINEEDI

058-69-3509



Complete a separate Part III on page 2 for each student for whom you're daiming either oredit before you complete Parts I and II.

Par	Refundable American Opportunity Credit				
1	After completing Part III for each student, enter the total of all amounts from all P	Parts I	II, line 30	1	
2	Enter: \$180,000 if married filing jointly, \$90,000 if single, head of household, an qualifying widow(er)	2			
3	Enter the amount from Form 1040 or 1040 SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3			
4	Subtract line 3 from line 2 If zero or less, stop, you can't take any education arealit	4			
5	Enter: \$2000 if married filing jointly, \$10,000 if single, head of household, or qualifying wickow(er)	5			
6	Ifline 4is		`		
	• Equal toormore than line 5 enter 1.000 on line 6	• •			
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (ro atleast three places)		dto f	6	
7	Multiply line 1 by line 6 Caution. If you were under age 24 at the end of the				
	conditions described in the instructions, you can't take the refundable America skip line 8 enter the amount from line 7 on line 9 and check this box			7	
8	Refundable American appartunity area it Multiply line 7 by 40% (040). Enter an Farm 1040ar 1040SR, line 29. Thengo to line 9 below.			8	
Part	II Nonrefundable Education Credits				
9	Subtract line 8 from line 7. Enter here and on line 2 of the Oredit Limit Worksheet	t (sæ	instructions) .	9	
10	After completing Part III for each student, enter the total of all amounts from a zero, skip lines 11 through 17, enter -O on line 18, and go to line 19			10	3,600.
11	Enter the smaller of line 10 or \$10,000			11	3,600.
12	Mutiplyline 11 by 20% (O20)			12	720.
13	Enter: \$180,000 if married filing jointly, \$90,000 if single, head of household, or qualifying widow(er)	13	90,000.		
11		13	90,000.		
14	Enter the amount from Form 1040 or 1040SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for				
	the amount to enter	14	34,573.		
15	Subtract line 14 from line 13 If zero or less skip lines 16 and 17, enter -O on		01/0/01		
10	line 18 and go to line 19	15	55,427.		
16	Enter: \$2000 if married filing jointly, \$10000 if single, head of household, or				
	qualifying widow(er)	16	10,000.		
17	Ifline 15is				
	• Equal toormore than line 16 enter 1.000 on line 17 and go to line 18				
	• Less than line 16, divide line 15 by line 16 Enter the result as a decimal (rou	nded	to at least three		
	places)			17	1.000
18	Mutiply line 12 by line 17. Enter here and an line 1 of the Oredit Limit Worksheet			18	720.
19	Norrefundable education credits. Enter the amount from line 7 of the Oredit				
	instructions) here and an Schedule 3 (Farm 1040), line 3	•		19	720.
ForPa	perwork Reduction Act Notice, see your tax return instructions.	<b>4</b>	REV 01/31/2	2 PRO	Form 8863(2021)

Farm 8863(2021)	Page 2
Name(s) shown on return	Your social security number
SANTHOSHI KETHINEEDI	058-69-3509
Complete Part III for each student for who opportunity area it or lifetime learning area each student	m youre daiming either the American lit. Use additional copies of page 2as needed for
Part III Student and Educational Institution Information	n Sæinstructions
20 Studentname (as shown on page 1 of your tax return)	21 Studentsocial security number (as shown on page 1 of
SANTHOSHI	yaur tax return)
KETHINEEDI	058-69-3509
22 Educational institution information (see instructions)	
a. Name offirsteducational institution UNIVERSITY OF THE CUMBERLANDS	b. Name of second educational institution (if any)
<ul> <li>(1) Address Number and street (or P.O. box). City, townor postoffice, state, and ZIP code. If a foreign address, see instructions.</li> <li>6178 COLLEGE STATION DRIVE,</li> <li>Williamsburg KY 40769</li> </ul>	(1) Address Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions
(2) Dialitas et alertaresia a Ferra 1000 T	
(2) Did the student receive Form 1098T X Yes \ No from this institution for 2021?	(2) Did the student receive Form 1098T [] Yes [] No from this institution for 2021?
(3) Did the student receive Form 1098T from this institution for 2020 with box 🛛 Yes 🗌 No 7 checked?	(3) Did the student receive Form 1098T from this institution for 2020 with box [] Yes [] No 7 checked?
(4) Enter the institution's employer identification number (EIN if you're daiming the American opportunity area to rif yo checked "Yes" in (2) or (3). You can get the EIN from For 1098: T or from the institution	(EIN) if you're daiming the American apportunity arealitor
61-0470593	
23 Has the Hope Scholarship Oredit or American opportunit oredit been daimed for this student for any 4 tax year before 2021?	
24 Was the student enrolled at least half-time for at least on academic period that began or is treated as having beguni 2021 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, of other recognized postsecondary educational credential See instructions	n <sup>n</sup> X Yes— Gotoline 25 Dire 31 for this student
25 Did the student complete the first 4 years of postsecondar education before 2021? See instructions	y Yes— Stop! I Gotoline 31 for this □ No— Gotoline 26 student
26 Was the student convicted, before the end of 2021, of a felony for possession or distribution of a controlle substance?	
yau complete lines 27 through 30 for this student, don't	lifetime learning areal t for the same student in the same year. If complete line 31.
American Opportunity Credit 27 Adjusted qualified education expenses (see instructions). Do	n tentermore than \$4,000
27 Agusted qualified education leave sets (see in Structions). Lo 28 Subtract \$2,000 from line 27. If zero on less, enter -O.	
29 Mutipline 28by 25% (025)	29
30 If line 28 is zero, enter the amount from line 27. Otherwise,	
enter the result Skipline 31. Include the total of all amounts	
Lifetime Learning Credit	
31 Adjusted qualified education expenses (see instructions). In III, line 31, on Part II, line 10	

Form 8	<b>HG3(2021)</b>
--------	------------------

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 <u>dor.georgia.gov</u> or one produced by an approved software company listed at <u>dor.georgia.gov/approved-software-vendors</u>.
- 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 — — — — —

	0			
525-TV (Rev. 04/01/21)			Individual or Fiduciary N	ame and Address:
Individual and Fiduciary Payment Voucher			SANTHOSHI KETHI	NEEDI
2021			3406 JEFFERSON	СТ
2021	2252511	511		
			ALPHARETTA GA	30005
Amended Return		Iy Filed TYPEC	of Return: X 09-Individual	10-Fiduciary
Taxpayer's SSN or Fiduciary FEIN	Spouse's SSN (if joint or combined return)	Tax Year	Daytime Telephone Number	Vendor Code
058-69-3509		2021	409-549-7076	115

PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS

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

Amount Paid \$

153.00

### 5250005869350982109212000000000000011500000153009

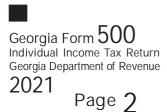
REV 01/31/22 PRO





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 1. SANTHOSHI		MI	YOUR SOCIAL S	ECURITY NUMBER				
LAST NAME (For Name Change See IT-5 KETHINEEDI	11 Tax Booklet)		S	UFFIX				
SPOUSE'S FIRST NAME		MI	SPOUSE'S SOC	IAL SECURITY NUM	BER	DEPARTMENT USE ONLY		
LAST NAME			S	UFFIX				
ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED 2. 3406 JEFFERSON CT								
CITY (Please insert a space if the city has mul 3. ALPHARETTA	tiple names)		state GA	ZIP CODE				
(COUNTRY IF FOREIGN)								
4. Enter your Residency Status with the ap	opropriate number					Residency Status 4. 1		
1. FULL- YEAR RESIDENT 2. PART- YEAR RESI		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)								
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 $ imes$ 6b. Spouse 6c. 1								
7a. Number of Dependents (Enter details o	n Line 7b., and DO	NOT inc	lude yourself or	your spouse)		7a.		





YOUR SOCIAL SECURITY NUMBER 058-69-3509

 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

Relationship to You

Last Name

First Name, MI.

Social Security Number

First Name, MI.

Social Security Number

First Name, MI.

Social Security Number

Relationship to You

Last Name

Last Name

Number

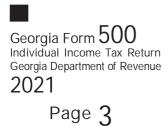
Relationship to You

#### INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3456.

<ol> <li>Federal adjusted gross income (From Federal Form 1040)</li></ol>	34573 <sub>your</sub>
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.	34573
11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION) 11a. (See IT-511 Tax Booklet)	4600
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. Use EITHER Line 11c OR Line 12c (Do not write on both lines)	4600
12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized 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	
13. Subtract either Line 11c or Line 12c from Line 10; enter balance	29973

PAGES (1-5) ARE REQUIRED FOR PROCESSING





YOUR SOCIAL SECURITY NUMBER 058-69-3509

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.	27273			
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.	27273			
16. Tax (Use Tax Table or Tax Rate Schedule in the IT-511 Tax Booklet)	. 16.	1396			
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 20. electronically)					
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.	1396			

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) × SSN 273050679	2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN		
3.	EMPLOYER/PAYER STATE WITHHOLDING ID $3144163DZ$	3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3.	EMPLOYER/PAYER STATE WITHHOLDING ID		
4.	GA WAGES / INCOME 26653	4.	GA WAGES / INCOME	4.	GA WAGES / INCOME		
5.	GA TAX WITHHELD 1243	5.	GA TAX WITHHELD	5.	GA TAX WITHHELD		

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

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REV 01/31/22 PRO

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### YOUR SOCIAL SECURITY NUMBER 058-69-3509

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. 2.		G2-LP G2-RP	1. 2.	(INCOME STATEMENT F) WITHHOLDING TYPE: W-2 G2-A 1099 G2-FL EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	G2-LP G2-RP
3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3.	EMPLOYER/PAYER STATE WIT	HHOLDING ID	3.	EMPLOYER/PAYER STATE WI	THHOLDING 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	san	d 1099s	23.			1243
	(Enter Tax Withheld Only and include W-2s	and/	/or 1099s)	20.			1213
24.	Other Georgia Income Tax Withheld (Must include G2-A, G2-FL, G2-LP and/or G	 62-R	P)	24.			
25.	Estimated Tax paid for 2021 and Form IT	Γ-56	0	25.			
26.	Schedule 2B Refundable Tax Credits (Cannot be claimed unless filed electroni			26.			
27.	Total prepayment credits (Add Lines 23, 2	24, 2	5 and 26)	27.			1243
28.	If Line 22 exceeds Line 27, subtract Line balance due			28.			153
29.	If Line 27 exceeds Line 22, subtract Line 2 overpayment			29.			
30.	Amount to be credited to 2022 ESTIMA	TEC	D TAX	30.			
31.	Georgia Wildlife Conservation Fund (No	gift o	of less than \$1.00)	31.			
32.	Georgia Fund for Children and Elderly (N	lo g	ift of less than \$1.00)	32.			
33.	Georgia Cancer Research Fund (No gift	of le	ess than \$1.00)	33.			
34.	Georgia Land Conservation Program (No	o gift	t of less than \$1.00)	34.			
35.	Georgia National Guard Foundation (No	gift o	of less than \$1.00)	35.			
36.	Dog & Cat Sterilization Fund (No gift of le	ess	than \$1.00)	36.			
37.	Saving the Cure Fund (No gift of less th	an\$	51.00)	37.			
38.	Realizing Educational Achievement Can Hap (No gift of less than \$1.00)		(REACH) Program	38.	<u> </u>		_

PAGES (1-5) ARE REQUIRED FOR PROCESSING

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue 2021	22004	411553	YOUR SOCIAL SECURITY NUMBER 058-69-3509
Page 5			
39. Public Safety Memorial Grant (No gift	of less than \$1.00)		
40. Form 500 UET (Estimated tax penalty	() 500 UET exception a	ttached 40.	
41. (If you owe) Add Lines 28, 31 thru MAKE CHECK PAYABLE TO GEORG		41. /ENUE	153
Amount Due Mail To: GEORGIA DEPARTMENT OF REVENU PROCESSING CENTER, PO BOX 74039 ATLANTA, GA 30374-0399			
<ul> <li>42. (If you are due a refund) Subtract the start THIS IS YOUR REFUND</li> <li>If you do not enter Direct Deposit i</li> <li>42a Direct Deposit (US Assurt Orb.)</li> </ul>		42.	be issued a paper check.
42a. Direct Deposit (U.S. Accounts Only) Routing Type: Checking Number Savings Account Number			Refund Due Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER, PO BOX 740380 ATLANTA, GA 30374-0380
	have examined this return (includ ad by a person other than the tax	ing accompanying schedules and	
Taxpayer's Date of Death		Spouse's Date of Death	(
Taxpayer's Signature Date	Taxpayer's Phone N 409-549-707		Spouse's Signature Date
By providing my e-mail address I am authorizing my account(s). Taxpayer's E-mail Address	the Georgia Department of Reve	nue to electronically notify me at t	he below e-mail address regarding any updates to
Taxpayer S E-Mail Address			I authorize DOR to discuss this return with the named preparer.
SYAM PRIYA RAM SAGAR GUPT.	A TALLAM		Phone Number 65–9522
Signature of Preparer Name of Preparer Other Than Taxpaye SYAM PRIYA RAM SAGAR		Preparer's 30-10	
Preparer's Firm Name GLOBAL TAXES LLC		Preparer's P0208	SSN/PTIN/SIDN 2703

GLOBAL TAXES LLC

REV 01/31/22 PRO

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