

# IRS efile Signature Authorization

Department of the Treasury  
Internal Revenue Service

- ▶ ERO must obtain and retain completed Form 8879.
- ▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name <b>SANTHOSHI KETHINEEDI</b>	Social security number <b>058-69-3509</b>
Spouse's name	Spouse's social security number

**Part I Tax Return Information— Tax Year Ending December 31, 2021 (Enter year you are authorizing)**

Enter whole dollars only on lines 1 through 5  
Note: Form 1040SS filers use line 4 only. Leave lines 1, 2, 3 and 5 blank

1 Adjusted gross income . . . . .	1	34,573.
2 Total tax . . . . .	2	1,688.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	3,900.
4 Amount you want refunded to you . . . . .	4	3,612.
5 Amount you owe . . . . .	5	

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN 9 3 5 0 9 as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

Spouse's PIN: check one box only

I authorize \_\_\_\_\_ to enter or generate my PIN    as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Practitioner PIN Method Returns Only—continue below**

**Part III Certification and Authentication— Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN 5 8 7 2 7 8 6 1 9 8 9  
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorizing to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345 Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form — See Instructions  
Don't Submit This Form to the IRS Unless Requested To Do So**

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 <b>SANTHOSHI</b>	Last name <b>KETHINEEDI</b>	Your social security number <b>058-69-3509</b>
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. <b>3406 JEFFERSON CT</b>		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. <b>ALPHARETTA</b>		State <b>GA</b>
Foreign country name		Foreign postal code
Foreign province/state/county		ZIP code <b>30005</b>

Presidential Election Campaign  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  
 You  Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?  Yes  No

Standard Deduction  Spouse itemizes on a separate return or you were a dual-status alien  
 Someone can claim:  You as a dependent  Your spouse as a dependent

Age/Blindness You  Were born before January 2, 1957  Are blind Spouse  Was born before January 2, 1957  Is blind

Dependents (see instructions):	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit	Credit for other dependents
If more than four dependents see instructions and check here ▶ <input type="checkbox"/>					<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	1	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	1	34,573.
	2a	Tax-exempt interest . . . . .	2a	
	2b	Taxable interest . . . . .	2b	
	3a	Qualified dividends . . . . .	3a	
	3b	Ordinary dividends . . . . .	3b	
	4a	IRA distributions . . . . .	4a	
Standard Deduction for— • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under Standard Deduction, see instructions	4b	Taxable amount . . . . .	4b	
	5a	Pensions and annuities . . . . .	5a	
	5b	Taxable amount . . . . .	5b	
	6a	Social security benefits . . . . .	6a	
	6b	Taxable amount . . . . .	6b	
	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 10 . . . . .	8	
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . . . . . ▶	9	34,573.
	10	Adjustments to income from Schedule 1, line 2b . . . . .	10	
	11	Subtract line 10 from line 9. This is your adjusted gross income . . . . . ▶	11	34,573.
	12a	Standard deduction or itemized deductions (from Schedule A) . . . . .	12a	12,550.
	b	Charitable contributions if you take the standard deduction (see instructions) . . . . .	12b	300.
	12c	Add lines 12a and 12b . . . . .	12c	12,850.
	13	Qualified business income deduction from Form 8995 or Form 8995-A . . . . .	13	
	14	Add lines 12c and 13 . . . . .	14	12,850.
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- . . . . .	15	21,723.

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	2,408.
17	Amount from Schedule 2 line 3	17	
18	Add lines 16 and 17	18	2,408.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3 line 8	20	720.
21	Add lines 19 and 20	21	720.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	1,688.
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	1,688.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	3,900.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	3,900.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) <span style="float:right">No</span> Check here if you were born after January 1, 1993, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18 to claim the EIC. See instructions <input type="checkbox"/>	27a	
b	Non-taxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863 line 8	29	
30	Recovery rebate credit. See instructions	30	1,400.
31	Amount from Schedule 3 line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	1,400.
33	Add lines 25d, 26, and 32. These are your total payments	33	5,300.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,612.
	35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	35a	3,612.
Direct deposit? See instructions	b Routing number 1 1 1 0 0 0 6 1 4 c Type <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 7 5 2 7 8 5 3 0 8		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

If you have a qualifying child, attach Sch. EIC.

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 (409) 549-7076 Email address SANTHOSHI2516@GMAIL.COM

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02/08/2022	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

# Additional Credits and Payments

▶ Attach to Form 1040, 1040-SR, or 1040-NR  
▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
SANTHOSHI KETHINEEDI

Your social security number  
058-69-3509

### Part I Nonrefundable Credits

1 Foreign tax credit. Attach Form 1116 if required . . . . .		1	
2 Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . .		2	
3 Education credits from Form 8863, line 19. . . . .		3	720.
4 Retirement savings contributions credit. Attach Form 8880 . . . . .		4	
5 Residential energy credits. Attach Form 5695 . . . . .		5	
6 Other nonrefundable credits			
a General business credit. Attach Form 3800 . . . . .	6a		
b Credit for prior year minimum tax. Attach Form 8801 . . . . .	6b		
c Adoption credit. Attach Form 8839. . . . .	6c		
d Credit for the elderly or disabled. Attach Schedule R. . . . .	6d		
e Alternative motor vehicle credit. Attach Form 8910 . . . . .	6e		
f Qualified plug-in motor vehicle credit. Attach Form 8936 . . . . .	6f		
g Mortgage interest credit. Attach Form 8396 . . . . .	6g		
h District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .	6h		
i Qualified electric vehicle credit. Attach Form 8834 . . . . .	6i		
j Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .	6j		
k Credit to holders of tax credit bonds. Attach Form 8912 . . . . .	6k		
l Amount on Form 8978, line 14. See instructions . . . . .	6l		
z Other nonrefundable credits. List type and amount ▶ _____	6z		
7 Total other nonrefundable credits. Add lines 6a through 6z . . . . .		7	
8 Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . .		8	720.

(continued on page 2)

**Part II** Other Payments and Refundable Credits

9	Net premium 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	Credit for federal tax on fuels. Attach Form 4136.		12
13	Other payments or refundable credits:		
a	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	13b	
c	Health coverage tax credit from Form 8885	13c	
d	Credit for repayment of amounts included in income from earlier years	13d	
e	Reserved for future use	13e	
f	Deferred amount of net 965 tax liability (see instructions)	13f	
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441.	13g	
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 or refundable credits. List type and amount: _____	13z	
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, 1040-SR, or 1040-NR, line 31.		15

**Education Credits**  
 (American Opportunity and Lifetime Learning Credits)

▶ Attach to Form 1040 or 1040SR  
 ▶ Go to [www.irs.gov/Form8863](http://www.irs.gov/Form8863) for instructions and the latest information

Name(s) shown on return

Your social security number

SANTHOSHI KETHINEEDI

058-69-3509



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

**Part I Refundable American Opportunity Credit**

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 . . . . .	1	
2	Enter: \$18,000 if married filing jointly, \$9,000 if single, head of household, or qualifying widow(er) . . . . .	2	
3	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 . . . . .	3	
4	Subtract line 3 from line 2. If zero or less, stop; you can't take any education credit . . . . .	4	
5	Enter: \$2,000 if married filing jointly, \$1,000 if single, head of household, or qualifying widow(er) . . . . .	5	
6	If line 4 is: <ul style="list-style-type: none"> <li>• Equal to or more than line 5, enter 1.000 on line 6 . . . . .</li> <li>• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) . . . . .</li> </ul>	6	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box . . . . . ▶ <input type="checkbox"/>	7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040SR, line 29. Then go 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 Credit Limit Worksheet (see instructions) . . . . .	9	
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0 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	Multiply line 11 by 20% (0.20) . . . . .	12	720.
13	Enter: \$18,000 if married filing jointly, \$9,000 if single, head of household, or qualifying widow(er) . . . . .	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 -0 on line 18, and go to line 19 . . . . .	15	55,427.
16	Enter: \$2,000 if married filing jointly, \$1,000 if single, head of household, or qualifying widow(er) . . . . .	16	10,000.
17	If line 15 is: <ul style="list-style-type: none"> <li>• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18</li> <li>• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) . . . . .</li> </ul>	17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	18	720.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3 . . . . .	19	720.

Name(s) shown on return SANTHOSHI KETHINEEDI	Your social security number 058-69-3509
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Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

**Part III** Student and Educational Institution Information. See instructions.

20 Student name (as shown on page 1 of your tax return) SANTHOSHI KETHINEEDI	21 Student social security number (as shown on page 1 of your tax return)  058-69-3509
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22 Educational institution information (see instructions)

a. Name of first educational institution UNIVERSITY OF THE CUMBERLANDS	b. Name of second educational institution (if any)
(1) Address. Number and street (or P.O. box), city, town or post office, state, and ZIP code. If a foreign address, see instructions. 6178 COLLEGE STATION DRIVE, Williamsburg KY 40769	(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) Did the student receive Form 1098-T from this institution for 2021? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(2) Did the student receive Form 1098-T from this institution for 2021? <input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Did the student receive Form 1098-T from this institution for 2020 with box 7 checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(3) Did the student receive Form 1098-T from this institution for 2020 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.  61-0470593	(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.

23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2021?  Yes— Stop! Go to line 31 for this student.  No— Go to line 24.

24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2021 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.  Yes— Go to line 25.  No— Stop! Go to line 31 for this student.

25 Did the student complete the first 4 years of postsecondary education before 2021? See instructions.  Yes— Stop! Go to line 31 for this student.  No— Go to line 26.

26 Was the student convicted, before the end of 2021, of a felony for possession or distribution of a controlled substance?  Yes— Stop! Go to line 31 for this student.  No— Complete lines 27 through 30 for this student.



You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.

**American Opportunity Credit**

27 Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000. . . . .	27
28 Subtract \$2,000 from line 27. If zero or less, enter -0. . . . .	28
29 Multiply line 28 by 25% (0.25) . . . . .	29
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1. . . . .	30

**Lifetime Learning Credit**

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10 . . . . .	31	3,600.
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# 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](http://dor.georgia.gov) or one produced by an approved software company listed at [dor.georgia.gov/approved-software-vendors](http://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><b>525-TV</b> (Rev. 04/01/21)                  Individual and Fiduciary Payment Voucher</p> <p style="font-size: 24pt; font-weight: bold;">2021</p>	 2252511511	<p>Individual or Fiduciary Name and Address:</p> <p>SANTHOSHI KETHINEEDI                  3406 JEFFERSON CT                   ALPHARETTA GA 30005</p>		
<p> <input type="checkbox"/> Amended Return                       <input type="checkbox"/> Paper Return                       <input checked="" type="checkbox"/> Electronically Filed                       TYPE OF RETURN:                       <input checked="" type="checkbox"/> 09-Individual                       <input type="checkbox"/> 10-Fiduciary                 </p>				
Taxpayer's SSN or Fiduciary FEIN 058-69-3509	Spouse's SSN (if joint or combined return)	Tax Year 2021	Daytime Telephone Number 409-549-7076	Vendor Code 115

PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.

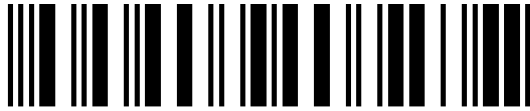
PROCESSING CENTER  
 GEORGIA DEPARTMENT OF REVENUE  
 PO BOX 740323  
 ATLANTA GA 30374-0323

Amount Paid \$ 153.00

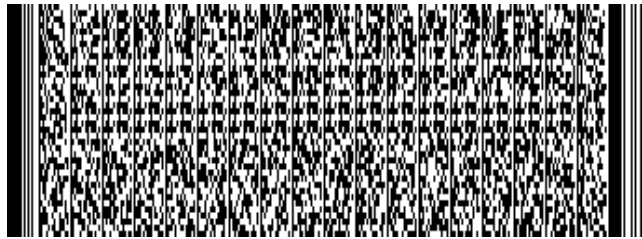
525000586935098210921200000000000000011500000153009

REV 01/31/22 PRO





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. **SANTHOSHI** 058-69-3509

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

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

LAST NAME SUFFIX

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 multiple names) STATE ZIP CODE  
3. **ALPHARETTA GA 30005**

(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

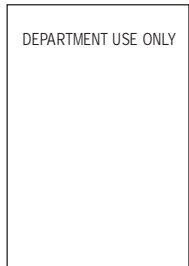
Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.

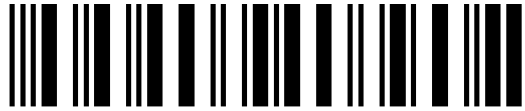
5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... 5. **A**

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  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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2021 Page 2

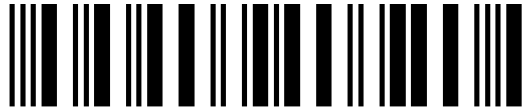
7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents)

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.	34573
(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.	34573
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.	29973



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14a. Enter the number from Line 6c. <u>1</u> 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 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.	1396

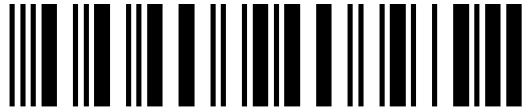
INCOME STATEMENT DETAILS Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from Form G2-RP Line 12 or 13; Form G2-LP Line 11, or for Form G2-FL enter zero.

(INCOME STATEMENT A)	(INCOME STATEMENT B)	(INCOME STATEMENT C)
1. WITHHOLDING TYPE: <input checked="" type="checkbox"/> 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) <input checked="" type="checkbox"/> 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.

PAGES (1-5) ARE REQUIRED FOR PROCESSING

REV 01/31/22 PRO



2200411543

YOUR SOCIAL SECURITY NUMBER  
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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

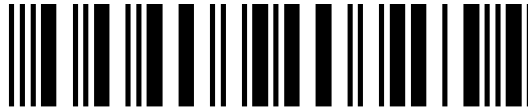
(INCOME STATEMENT E)

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

23. Georgia Income Tax Withheld on Wages and 1099s .....	23.	1243
(Enter Tax Withheld Only and include W-2s and/or 1099s)		
24. Other Georgia Income Tax Withheld.....	24.	
(Must include G2-A, G2-FL, G2-LP and/or G2-RP)		
25. Estimated Tax paid for 2021 and Form IT-560 .....	25.	
26. Schedule 2B Refundable Tax Credits.....	26.	
(Cannot be claimed unless filed electronically)		
27. Total prepayment credits (Add Lines 23, 24, 25 and 26).....	27.	1243
28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter balance due.....	28.	153
29. If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter overpayment .....	29.	
30. Amount to be credited to 2022 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.	
(No gift of less than \$1.00)		



2200411553

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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. 153  
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  
Savings Account  
Number  
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.

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  
409-549-7076

Spouse's Signature Date

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  
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/P TIN/SIDN  
P02082703