



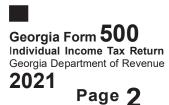
# Georgia Form 500 (Rev. 08/02/21) Individual Income Tax Return

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. RUSHIKESH		мі	YOUR SOCIAL S		BER				
LAST NAME (For Name Change See IT- KHARADE	-511 Tax Booklet)		S	UFFIX					
SPOUSE'S FIRST NAME		МІ	SPOUSE'S SOC	CIAL SECURITY	NUMBE	R	DEPARTMEN	NT USE ONLY	
LAST NAME			SI	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. 1234 POTOMAC RD									
CITY (Please insert a space if the city has m 3. DUNWOODY	ultiple names)		<b>state</b> GA	<b>ZIP CODE</b> 30338					
(COUNTRY IF FOREIGN)									
4. Enter your Residency Status with the	appropriate number						Residency Status 4.	1	
1. FULL- YEAR RESIDENT 2. PART- YEAR RE	SIDENT		тс	)			3. NONRI	ESIDENT	
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	
A. Single B. Married filing joint C. Married f	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								1	
7a. Number of Dependents (Enter details	on Line 7b., and DO I	NOT inc	lude yourself or	your spouse).			7a.		

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**YOUR SOCIAL SECURITY NUMBER** 648-83-3066

- 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.

**Social Security Number** 

First Name, MI.

Social Security Number

First Name, MI.

**Social Security Number** 

Relationship to You

Last Name

Last Name

**Relationship to You** 

Last Name

Number

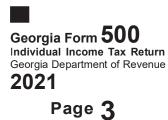
**Relationship to You** 

#### 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>	58134 s than your
9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet)	-300
10. Georgia adjusted gross income (Net total of Line 8 and Line 9) 10.	57834
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	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	
13. Subtract either Line 11c or Line 12c from Line 10; enter balance 13.	53234

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## YOUR SOCIAL SECURITY NUMBER

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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				
<ul> <li>15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14)</li> <li>15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information)</li> </ul>	15a. 15b.	50534				
15c. Georgia Taxable Income (Line 15a less Line 15b)	15c.	50534				
16. Tax (Use Tax Table or Tax Rate Schedule in the IT-511 Tax Booklet)	16.	2733				
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.	2733				

**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: X W-2 G2-A G2-LP 1099 G2-FL G2-RP	1.	WITHHOLDING TYPE: XW-2 G2-A G2-LP 1099 G2-FL G2-RP	1.	WITHHOLDING TYPE: X W-2 G2-A G2-LP 1099 G2-FL G2-RP		
2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) X SSN 812780030	2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) X SSN 832113181	2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) X SSN 812780030		
3.	EMPLOYER/PAYER STATE WITHHOLDING ID 3280923PP	3.	EMPLOYER/PAYER STATE WITHHOLDING ID 3389757QD	3.	EMPLOYER/PAYER STATE WITHHOLDING ID 3280923PP		
4.	4. GA WAGES / INCOME 13435		. <b>GA WAGES / INCOME</b> 23375		4. GA WAGES / INCOME 27929		
5.	GA TAX WITHHELD 613	5.	GA TAX WITHHELD 1122	5.	<b>ga tax withheld</b> 1333		

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

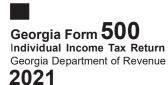
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#### YOUR SOCIAL SECURITY NUMBER 648-83-3066

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	(INCOME STATEMENT E) 1. WITHHOLDING TYPE: W-2 G2-A 1099 G2-FL 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	G2-LP G2-RP		32-LP 32-RP
3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WI	THHOLDING ID	3. EMPLOYER/PAYER STATE WITH	IHOLDING 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	
22	Coordin Income Tey Withhold on Wesser	a and 1000a	23.		3068
	Georgia Income Tax Withheld on Wages (Enter Tax Withheld Only and include W-2s	and/or 1099s)			3000
24.	Other Georgia Income Tax Withheld (Must include G2-A, G2-FL, G2-LP and/or G		24.		
25.	Estimated Tax paid for 2021 and Form IT	Γ-560	25.		
26.	Schedule 2B Refundable Tax Credits (Cannot be claimed unless filed electroni		. 26.		
27.	Total prepayment credits (Add Lines 23, 2	24, 25 and 26)	27.		3068
28.	If Line 22 exceeds Line 27, subtract Line balance due		28.		
29.	If Line 27 exceeds Line 22, subtract Line 2 overpayment		. 29.		335
30.	Amount to be credited to 2022 ESTIMA	TED TAX	30.		0
31.	Georgia Wildlife Conservation Fund (No	gift of less than \$1.00)	31.		
32.	Georgia Fund for Children and Elderly (N	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	o 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 I	less than \$1.00)	36.		
37.	Saving the Cure Fund (No gift of less th	an \$1.00)	37.		
38.	Realizing Educational Achievement Can Hap (No gift of less than \$1.00)	ppen (REACH) Program	38.		
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	Page 5							
39.	Public Safety Memorial G	erant (No gift of le	ess than \$1.00)		39.			
40.	Form 500 UET (Estimate	ed tax penalty)	500 UET exception	attached	40.			
41.	(If you owe) Add Lines MAKE CHECK PAYABL		DEPARTMENT OF RE	VENUE.	41.			
	Amount Due Mail To: GEORGIA DEPARTMENT PROCESSING CENTER, ATLANTA, GA 30374-039	PO BOX 740399						
	(If you are due a refund) THIS IS YOUR REFUND. If you do not enter Dire	ect Deposit infor			42. ne filer you will	be issued a	a paper check.	335
	Savings	Routing Number 053904 Account Number 223019				PROCESS	e Mail To: DEPARTMENT OF R ING CENTER, PO BO GA 30374-0380	-
	INCLUDE ALL ITEMS IN declare under the penalties of p belief, it is true, correct, and cor RKharad	perjury that I/we have endering the properties of the properties o		ding accompa	anying schedules and	statements) a	nd to the best of my/our	
Ta	axpayer's Signature	(Check box if d	deceased)	Spouse's	Signature	(Check b	oox if deceased)	
Та	xpayer's Date of Death			Spouse's	Date of Death			
Та	uxpayer's Signature Date		Taxpayer's Phone N 864-569-524			Spouse's	Signature Date	
	y providing my e-mail address ny account(s).	am authorizing the G	Georgia Department of Rev	venue to elect	ronically notify me at	the below e-ma	ail address regarding any	/ updates to
	axpayer's E-mail Address	5					I authorize DOR to disc with the named prepare	
_	SYAM PRIYA RAM SZ Signature of Preparer	AGAR GUPTA T	ALLAM			Phone Num 65-952		

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

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SCHEDULE 1 ADJUSTMENTS to INCOME BASED on GEORGIA LAW



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Schedule 1 Page 1

YOUR SOCIAL SECURITY NUMBER 648-83-3066

See IT-511 Tax Booklet

**ADDITIONS to INCOME** 1. Interest on Non-Georgia Municipal and State Bonds ..... 1. 2. Lump Sum Distributions 2. 3. Reserved 3. 4. Net operating loss carryover deducted on Federal return..... 4 5. Other (Specify) 5. 6. Total Additions (Enter sum of Lines 1-5 here)..... 6. SUBTRACTION from INCOME 7. Retirement Income Exclusion (See IT-511 Tax Booklet) Complete Schedule 1, page 2 if claiming Retirement Income Exclusion. a. Self: Date of Birth Date of Disability: Type of Disability: 7a. Type of Disability: b. Spouse: Date of Birth Date of Disability: 7b. 8. Social Security Benefits (Taxable portion from Federal return)..... 8. 9. Path2College 529 Plan ..... 9. 10. Interest on United States Obligations (See IT-511 Tax Booklet) 10. 11. Reserved ..... 11. 12. Other Adjustments (Specify) Adjustment CHARITABLE DED Amount Adjustment Amount Adjustment Amount Adjustment Amount Total ..... 12

 Total ......
 12.
 300

 13. Total Subtractions (Enter sum of Lines 7-12 here) ......
 13.
 13.

 14. Net Adjustments (Line 6 less Line 13). Enter Net Total here and on
 13.
 300



300





2207211523

(TAXPAYER)



YOUR SOCIAL SECURITY NUMBER 648-83-3066

See IT-511 Tax Booklet

(SPOUSE)

### SCHEDULE 1 RETIREMENT INCOME EXCLUSION

1. Salary and wages..... 2. Other Earned Income (Losses)..... 3. Total Earned Income..... 4. Maximum Earned Income..... 5. Smaller of Line 3 or 4; if zero or less, enter zero ..... 6. Interest Income..... 7. Dividend Income ..... 8. Alimony..... 9. Capital Gains (Losses)..... 10. Other Income (Losses)..... (See IT-511 Tax Booklet) 11. Taxable IRA Distributions..... 12. Taxable Pensions ..... 13. Rental, Royalty, Partnership, S Corp, etc. Income (Losses).....(See IT-511 Tax Booklet) 14. Total of Lines 6 through 13; if zero or less, enter zero ..... 15. Add Lines 5 and 14 ..... 16. Maximum Allowable Exclusion\* ..... 17. Smaller of Lines 15 and 16; enter here and on Form 500, Schedule 1, Lines 7a. & b.....

\*If age 62-64 or less than age 62 and permanently disabled enter \$35,000, or if age 65 or older enter \$65,000.