Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Special security number Special securit	Subm	ission Identification Number (SID)		-				
Spouse's scrience Spou	Taxpaye	er's name	Social securit	Social security number				
Part II 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 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1	SRI	JA GALI	003-15-9022					
Enter whole dollars only on lines 1 through 5. Note: Form 104-OSS files use line 4 only, Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 1 1 10, 244. 2 Total tax 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 1, 332. 4 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to you 7 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 8 Amount you want refunded to you 9 Amount you 9 Amount you want refunded to you 9 Amount 9 Amou	Spouse	's name	Spouse's soc	ial sec	urity numb	er		
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 Total tax	Part	Tax Return Information — Tax Year Ending December 31, 2021 (Ente	⊥ r year you a	re au	thorizin	g.)		
1 1,0,244.2 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	Enter	<u> </u>			·	<u> </u>		
2 0.0. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . 3 1,322. 4 Amount you want refunded to you . 4 2,722. 5 Amount you owe . 4 2,722. 5 Amount you owe . 4 2,722. 5 Amount you owe . 4 2,722. 6 Amount you owe . 4 2,722. 6 Amount you owe . 4 2,722. 7 Amount you owe . 4 2,722. 7 Amount you owe . 4 2,722. 8 Amount you owe . 4 2,722. 8 Amount you owe . 4 2,722. 8 Amount you want refunded to you . 4 2,722. 9 Amount you want refunded to you . 4 2,722. 9 Amount you want refunded to you . 4 2,722. 9 Amount you want refunded to you . 4 2,722. 9 Amount you owe . 4 2,722. 9 Amount you want refunded to you refund you refund you refund you refund the processing of your refunded processing the refunded processing of the electronic payment of the processing of the electronic payment of the processing of the electronic payment in you want you you want you want you want you want you you you want you	Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
3 1,322. 4 Amount you want refunded to you 4 2,722. 5 Amount you want refunded to you 5 Amount you want refunded to your setup. Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Luder penalizes of perjuny, Ideocare that I have examined a copy of the income tax return (original or amended) I am now authorizing to the best of my knowledge and bellef, It is true, correct, and complete. If urther 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 acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for ny delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treating 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 the deciral taxes over and effect until it northy the U.S. Treating and the financial institution indicated in the tax preparation software for the payment (settlement) data. I also authorizes the financial institution is colored institution account. This authorization is to enternal in full for each effect until it northy the U.S. Treating and the financial institution 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 on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature for the	1	Adjusted gross income		1	1	0,244.		
Amount you want refunded to you Amount you want refunded to you Amount you want refunded to you Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perlipy, 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 whowledge and belief, it is true, correct, and occupied. I further declare that the amounts in Part I above are mounts 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 (RFO) to send my return to the IRS and to receive from the IRS (e) an activative declare in the the amounts in Part I above are the transmission, (b) the reason to send my return to the IRS and to receive from the IRS (e) and activative of consent or rejection of the transmission, (b) the reason of the provided of the provided of the provided of the transmission (b) the reason of the provided of the provided of the provided of the transmission (b) the reason of the provided of the provided of the payment of the provided of the payment of the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Institution account indication 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 Institutions involved in the processing of the electronic payment of the payment of the payment of the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of the payment of the processing of the electronic payment of the processing development of the payment of the processing of the electronic payment of the processing of the electronic payment of the processing development of the processing of the electronic payment of the processing development of the processing of the electronic payment	2			2		0.		
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Taxpayer's PIN: check one box only	to send for any Agent to payme authori payme busines taxes to person	If my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Loto initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account income of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation registed by prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the payled in the financial information necessary to answer inquiries and resolve issues related to the payled in the financial information necessary to answer inquiries and resolve issues related to the payled in the financial information necessary to answer inquiries and resolve issues related to the payled in the financial information necessary to answer inquiries and resolve issues related to the payled in the financial information necessary to answer inquiries and resolve issues related to the payled in the financial information necessary to answer inquiries and resolve issues related to the payled in the financial institutions involved in the financial institution involved in t	ection of the trace of trace of the trace of the trace of the trace of the trace of trace of the	ansmind its of ax prepared and its of ax prepared and its of and i	ssion, (b) designate paration s to this acronic revoke ved no la ectronic recknowled	the reason d Financial oftware for count. This (cancel) a ater than 2 payment of ge that the		
I authorize GLOBAL TAXES LLC to enter or generate my PIN ERO firm name signature on the income tax return (original or amended) I am now authorizing. □ 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 PIN: check one box only □ Lauthorize						٦		
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I authorize	Your s	signature ▶ Date ▶						
I authorize	Spous	se's PIN: check one box only				_		
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ERO Must Retain This Form — See Instructions	ERO's	s signature ▶ Date ▶						
			2-0-					

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

Filing Status Check only one box.	If yo	Single Married filing jointly unchecked the MFS box, enter the noince is a child but not your dependent	ame of	ied filing separately your spouse. If you	`	_		, ,	_	, ,	` , ` ,
Your first name	and mi	ddle initial	Last n	ame		Your social security number					
SRIJA			GAL	I					003-15-9022		
If joint return, spouse's first name and middle initial				ame					Spouse's social security number		
		er and street). If you have a P.O. box, see	instruct	tions.			A	Apt. no.		ntial Election	on Campaign
		LA LN NW			104		710 -	l -			itly, want \$3
	OST OTH	ce. If you have a foreign address, also co					ZIP co		to go to	this fund.	Checking a
CONCORD							280			ow will not cor refund.	•
Foreign country	y name			Foreign province/state	e/coun	ity	Foreig	n postal code	your tax	You	Spouse
At any time du	ring 20	021, did you receive, sell, exchange,	or oth	erwise dispose of a	ny fina	ancial interest	in any	virtual curre	ncy?	Yes	⊠ No
Standard Deduction		eone can claim:	'			•					
Age/Blindness	You:	☐ Were born before January 2, 1	957	Are blind Sp	ouse	: Was bo	rn bef	ore January 2	2, 1957	☐ Is bl	ind
Dependents	s (see	instructions):		(2) Social securi	ty	(3) Relationsh	hip	(4) 🗸 if q	ualifies fo	r (see instru	ctions):
If more	(1) F	irst name Last name	number to you				Child tax cr	redit	Credit for ot	her dependents	
than four											
dependents, see instruction	s ——										
and check											
here ►											
	1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2					. 1		10,244.
Attach Sch. B if	2a	Tax-exempt interest	2a		b T	axable interes	st .		. 2b)	
required.	3a	Qualified dividends	3a		b (Ordinary divide	ends .		. 3b)	
	4a	IRA distributions	4a		b T	Taxable amoun	nt		. 4b)	
	5a	Pensions and annuities	5a		b T	Taxable amoun	nt		. 5b)	
Standard	6a	Social security benefits	6a		b T	Taxable amoun	nt		. 6b	,	
Deduction for— Single or	7	Capital gain or (loss). Attach Sched	dule D	if required. If not red	quired	l, check here		▶ [7		
Married filing	8	Other income from Schedule 1, lin	e 10						. 8		
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total in	come				▶ 9		10,244.
Married filing	10	Adjustments to income from Sche	dule 1,	line 26					. 10)	
jointly or Qualifying	11_	Subtract line 10 from line 9. This is	your a	adjusted gross inco	ome				▶ 11		10,244.
widow(er), \$25,100	12a	Standard deduction or itemized	deduc	tions (from Schedu	e A)	12	2a	12,55	0.		
Head of	b	Charitable contributions if you take	the sta	andard deduction (se	e inst	ructions) 12	2b				
household, \$18,800	С	Add lines 12a and 12b							. 120		12,550.
If you checked	13	Qualified business income deducti	on fror	m Form 8995 or For	m 899	95-A			. 13		
any box under Standard	14	Add lines 12c and 13							. 14		12,550.
Deduction, see instructions.	15	Taxable income. Subtract line 14	. 15		0.						

	16	Tax (see instructions). Check if any from Form	(s): 1 🗌 8814	4 2 🗌 4972	3 🗌			16	0.
	17	Amount from Schedule 2, line 3						17	
	18	Add lines 16 and 17						18	0.
	19	Nonrefundable child tax credit or credit for of	ther depender	nts from Schedule	8812 .			19	
	20	Amount from Schedule 3, line 8					. 2	20	
	21	Add lines 19 and 20					. 2	21	
	22	Subtract line 21 from line 18. If zero or less, e	enter -0				. 2	22	0.
	23	Other taxes, including self-employment tax, t	from Schedule	2, line 21				23	0.
	24	Add lines 22 and 23. This is your total tax					▶ 3	24	0.
	25	Federal income tax withheld from:							
	а	Form(s) W-2			25a	1,3	22.		
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c					. 2	5d	1,322.
<u></u>	26	2021 estimated tax payments and amount ap						26	
If you have a Lagrangian qualifying child,	27a	Earned income credit (EIC)		No .	27a				
attach Sch. EIC.		Check here if you were born after Janua							
		January 2, 2004, and you satisfy all the							
		taxpayers who are at least age 18, to claim the	1 1	structions ► ∐					
	b	Nontaxable combat pay election			-				
	С	Prior year (2019) earned income							
	28	Refundable child tax credit or additional child t			28		_		
	29	American opportunity credit from Form 8863			29		00		
	30	Recovery rebate credit. See instructions .			30	1,4	00.		
	31	Amount from Schedule 3, line 15			31				1 400
	32	Add lines 27a and 28 through 31. These are						32	1,400.
	33	Add lines 25d, 26, and 32. These are your to						33	2,722.
Refund	34	If line 33 is more than line 24, subtract line 24			-	-		34	2,722.
D: 1.1 '10	35a	Amount of line 34 you want refunded to you						5a	2,722.
Direct deposit? See instructions.	▶b	Routing number 0 5 3 0 0 0 1 Account number 2 3 7 0 4 6 4			Checking	Sav	ings		
	► d								
A	36	Amount of line 34 you want applied to your 2		-					
Amount You Owe	37	Amount you owe. Subtract line 33 from line			1 1	ions .	•	37	
	38	Estimated tax penalty (see instructions) .			38				
Third Party Designee		you want to allow another person to disc tructions				es. Comp	olata halr	1 1/	X No
Designee		signee's	identifica		Z NO				
		ne ►	Phone no. ▶			number (
Sign		der penalties of perjury, I declare that I have examine							
Here	bel	ef, they are true, correct, and complete. Declaration of	of preparer (other			•	,		
11010	You	ur signature	Date	Your occupation					you an Identity , enter it here
Joint return?				SOFTWARE E	ENGINEE	Ð	(see inst	_	, enter it fiere
See instructions.	Spo	buse's signature. If a joint return, both must sign.	Date	Spouse's occupati	`		your spouse an		
Keep a copy for				Special Conseption			Identity	Protect	tion PIN, enter it here
your records.							(see inst	.) ▶ _	
		one no. (704)490-8497	Email address	SRIJAREDDY	1				
Paid	Pre	parer's name Preparer's signate	ure		Date	PT			Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	04/08/	2022 P0	20827)3 _	Self-employed
Use Only		n's name ► GLOBAL TAXES LLC					Phone n	o. (6	78)965-9522
	Firr	n's address ▶ 2530 Pebble Creek L	n Cumming	g GA 30041			Firm's E	IN ►	30-1017196
Go to www.irs.go	ov/Form	1040 for instructions and the latest information.		BAA	REV 04/01/2	2 PRO			Form 1040 (2021)

Form 1040 (2021)

Page 2







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

Page 1

Beginning

STATE **ISSUED**

Fiscal Year Ending

YOUR DRIVER'S LICENSE/STATE ID

YOUR FIRST NAME

1. SRIJA

YOUR SOCIAL SECURITY NUMBER

003-15-9022

SUFFIX

SPOUSE'S SOCIAL SECURITY NUMBER

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

GALI

SPOUSE'S FIRST NAME

DEPARTMENT USE ONLY

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** 2.997 ANATRELLA LN NW

CITY (Please insert a space if the city has multiple names)

STATE

ZIP CODE

3. CONCORD

NC

28027

(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.

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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** Relationship to You **Social Security Number INCOME COMPUTATIONS** If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3456. 10244 (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) 10244 4600 (See IT-511 Tax Booklet) b. Self: 65 or over? x 1,300=..... 11b. Blind? Total Spouse: 65 or over? Rlind? 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.....

5644

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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
15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14)15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information).		2944
15c. Georgia Taxable Income (Line 15a less Line 15b)	15c.	2944
16. Tax (Use Tax Table or Tax Rate Schedule in the IT-511 Tax Booklet)	. 16.	59
17. Low Income Credit 17a. 1 17b. 8	17c.	8
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 file electronically)	ed 20.	
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	21.	8
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero	22.	51

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 452481302	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN				EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN				
3.	EMPLOYER/PAYER STATE WITHHOLDING ID 3135267SY	3.	EMPLOYER/PA	YER STATE V	VITHHOLDING ID	3.	EMPLOYER/PA	YER STATE W	VITHHOLDING ID	
4.	GA WAGES / INCOME 10244	4. GA WAGES / INCOME			4.	4. GA WAGES / INCOME				
5.	GA TAX WITHHELD 516	5.	GA TAX WITHHI	ELD		5.	GA TAX WITHHE	ELD		

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

PAGES (1-5) ARE REQUIRED FOR PROCESSING

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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) SS	G2-LP G2-RP	1. 2.	WITHHOLDING T W-2 1099 EMPLOYER/PAY ID NUMBER (FEI	G2-A G2-FL 'ER FEDERAL N) SSN	G2-LP G2-RP
	GA WAGES / INCOME		GA WAGES / IN				GA WAGES / IN		
4.	GA WAGES / INCOME	4.	GA WAGES / IN	COME		4.	GA WAGES / IN	COME	
5.	GA TAX WITHHELD	5.	GA TAX WITHHE	ELD		5.	GA TAX WITHHE	ELD	
23.	Georgia Income Tax Withheld on Wage				23.				516
24.	(Enter Tax Withheld Only and include W-2s Other Georgia Income Tax Withheld				24.				
25.	(Must include G2-A, G2-FL, G2-LP and/or GEstimated Tax paid for 2021 and Form I				25.				
26.	Schedule 2B Refundable Tax Credits (Cannot be claimed unless filed electron				26.				
27.	Total prepayment credits (Add Lines 23, 2				27.				516
28.	If Line 22 exceeds Line 27, subtract Line balance due				··· 28.				
29.	If Line 27 exceeds Line 22, subtract Line overpayment				29.				465
30.	Amount to be credited to 2022 ESTIMA	λΤΕΙ	D TAX		30.				0
31.	Georgia Wildlife Conservation Fund (No								
32.	Georgia Fund for Children and Elderly (I			-					
33.	Georgia Cancer Research Fund (No gift								
34.	Georgia Land Conservation Program (No			-	•				
	Georgia National Guard Foundation (No	_		,					
35.									
36.	Dog & Cat Sterilization Fund (No gift of								
37.	Saving the Cure Fund (No gift of less the	nan S	(00)		. 37.				
38.	Realizing Educational Achievement Can Hap (No gift of less than \$1.00)	open	(REACH) Progra	am	. 38.				





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39.	Public Safety Memorial	Grant (No	gift of le	ess than \$1.00))	39.		
40.	Form 500 UET (Estima	ited tax pe	enalty)	500 UET exc	eption attached	40.		
41.	(If you owe) Add Lin MAKE CHECK PAYAE Amount Due Mail To: GEORGIA DEPARTME! PROCESSING CENTER ATLANTA, GA 30374-03	NT OF REV	EORGIA E	DEPARTMENT	OF REVENUE	41.		
42.	(If you are due a refund	l) Subtract	the sum o	f Lines 30 thru	40 from Line 29			
	THIS IS YOUR REFUN					42.	ill be issued a paper check.	465
42a.	Direct Deposit (U.S. Accounts	-	JSIL IIIIOI	mation of it	you are a mist in	ne mer you w	ili be issueu a paper check.	
	pe: Checking X	Routing	05300	0196			Refund Due Mail To: GEORGIA DEPARTMENT OF R	_
	Savings	Account Number 2	23704	6432272			PROCESSING CENTER, PO BO ATLANTA, GA 30374-0380	X 740380
	e declare under the penalties of	f perjury that	I/we have	examined this retu	urn (including accomp	anying schedules a	DOCUMENTS, OR TAX RETURN. and statements) and to the best of my/our sed on all information of which the preparer	
T	axpayer's Signature	(Chec	ck box if c	leceased)	Spouse's	Signature	(Check box if deceased)	
Т	axpayer's Date of Death	1			Spouse's	Date of Death		
Т	axpayer's Signature Da	te		Taxpayer's F	Phone Number -8497		Spouse's Signature Date	
	By providing my e-mail addres my account(s).	s I am autho	rizing the G	eorgia Departme	nt of Revenue to elec	tronically notify me	at the below e-mail address regarding any	/ updates to
-	Taxpayer's E-mail Addre	SS						
							Lauthorize DOR to disc	rues 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

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