IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service ERO must obtain and retain completed Form 8879.
 Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpayer's name Social security number KAJAL SAHNI 173-29-3579 Spouse's name Spouse's social security number 845-18-4697 GURPARTAP SINGH Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.) Part I 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. Adjusted gross income 47,483. 1 1 2 2 2,178. 3 3 4,544. 4 4 2,366. 5 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 acknowledgement 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

				FBO firm name		En
\mathbf{X}	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	Ľ
-			-			19

	9	3	5	7	9	20				
Enter five digits, but don't enter all zeros										

8 4

7

9

6

Enter five digits, but don't enter all zeros

my

as mv

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.

Your signature 🕨

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC 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 signature 🕨	Da	ate 🕨	•								
	IN Method Returns Only—continue	belo	w								
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.	2	2			6 nter al			8	9	
				Don	ten	iter ai	i zero	5			

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 authorized 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									
								0070 /=	04 000 th

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

REV 03/22/23 PRO

Date

to enter or generate my PIN

1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		ırn	202	2	OMB No. 1545	-0074	IRS Use Only	–Do not w	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly u checked the MFS box, enter the nation is a child but not your dependent	ame of y	0	eparately (N Ise. If you ch	,			· · · /	spo	lifying surv use (QSS) s name if th	0
Your first name	and mi	ddle initial	Last nar	ne						Your so	cial securit	ty number
KAJAL			SAHN	I						173-	29-357	9
If joint return, sp	ouse's	first name and middle initial	Last nar	ne						Spouse	's social sec	curity number
GURPARTA	P		SING	Н						845-	18-469	7
Home address (numbe	er and street). If you have a P.O. box, see	e a P.O. box, see instructions.						pt. no.	Preside	ntial Election	on Campaigr
10 ASHFO	RD V	VAY								1	here if you,	
		ce. If you have a foreign address, also co	mplete sp	aces belo	ow.	Sta	te	ZIP c	ode	· ·		itly, want \$3
GRIFFIN						GZ	A	302	24	Ŭ	o this fund. ow will not	Checking a change
Foreign country	name		F	oreign pro	ovince/state/c	coun	ty	Foreig	n postal code	1	k or refund.	0
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a				-		-			 Yes	
			-	<u> </u>				a55et)		10110113.)		
Standard Deduction		eone can claim: DYou as a de Spouse itemizes on a separate return					a dependent					
Age/Blindness	You:	Were born before January 2, 1	958	Are bli	nd Spo	use	: 🗌 Was bor	n befo	ore January 2	2, 1958	🗌 ls bl	ind
Dependents	s (see	instructions):		(2) S	ocial security		(3) Relationsh	_{ip} (4	Check the b	ox if quali	fies for (see	instructions):
If more		rst name Last name			number		to you		Child tax c	redit	Credit for ot	her dependents
than four											[
dependents,											[
see instructions and check											[
here 🗌											[
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instruct	ions)					. 1a		53,381.
meome	b	Household employee wages not re	eported of	on Form(s) W-2					. 1b)	
Attach Form(s)	с	Tip income not reported on line 1a	(see ins	tructions	s)					. 10	;	
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	orted on Form(s) W-2 (see instructions)							. 1d	I	
W-2G and	е	Taxable dependent care benefits f								. 1e	•	
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 88	339, line 29					. 1f	:	
lf you did not	g	Wages from Form 8919, line 6 .								. 1g	I	
get a Form	h	Other earned income (see instructi	ons) .							. 1h	1	0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instru	uctions)			1i					
	z	Add lines 1a through 1h								. 1z	:	53,381.
Attach Sch. B	2a	Tax-exempt interest	2a			bТ	axable interest			. 2b		126.
if required.	3a	Qualified dividends	3a			bС	rdinary divider	nds .		. 3b)	
	4a	IRA distributions	4a			bТ	axable amoun	t		. 4b)	
Standard	5a	Pensions and annuities	5a			bТ	axable amoun	t		. 5b)	
Deduction for-	6a	Social security benefits	6a			bТ	axable amoun	t		. 6b	,	
 Single or Married filing 	с	If you elect to use the lump-sum elect	lection n	nethod, d	check here (see	instructions)		[
separately, \$12,950	7	Capital gain or (loss). Attach Schee					,		[7		
Married filing	8	Other income from Schedule 1, line					· · · ·			. 8	-	-6,024.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								. 9		47,483.
surviving spouse,	10	Adjustments to income from Sche								. 10		, -001
\$25,900 • Head of	11	Subtract line 10 from line 9. This is	-							. 11		47,483.
household,	12	Standard deduction or itemized deductions (from Schedule A)										25,900.
\$19,400 • If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A								. 13		
any box under Standard	14	Add lines 12 and 13								. 14		25,900.
Deduction,	15	Subtract line 14 from line 11. If zer			0 This is v	our f	axable incom	e		. 15		21,583.
see instructions.				.,	- · · · · · · · · · · · · · · · · · ·							,000.

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

Form **1040** (2022)

Form 1040 (2022	2)									I	Page 2
Tax and	16	Tax (see instructions). Check if an	ny from Form(s): 1 🗌 8814	4 2 4972	3			16	2,1	78.
Credits	17	Amount from Schedule 2, line 3							17		
	18	Add lines 16 and 17							18	2,1	78.
	19	Child tax credit or credit for othe	er dependent	s from Schedu	ule 8812				19		
	20	Amount from Schedule 3, line 8							20		
	21	Add lines 19 and 20							21		
	22	Subtract line 21 from line 18. If z	zero or less, e	enter-0					22	2,1	78.
	23	Other taxes, including self-empl	loyment tax, f	rom Schedule	2, line 21				23		0.
	24	Add lines 22 and 23. This is you	r total tax						24	2,1	78.
Payments	25	Federal income tax withheld from									
	а	Form(s) W-2				25a	4	,544.			
	b	Form(s) 1099				25b					
	с	Other forms (see instructions)				25c					
	d	Add lines 25a through 25c							25d	4,5	44.
If you have a	26	2022 estimated tax payments ar	nd amount ap	plied from 20	21 return				26		
qualifying child,	27	Earned income credit (EIC) .			No	27					
attach Sch. EIC.	28	Additional child tax credit from So	chedule 8812			28					
	29	American opportunity credit fror	m Form 8863,	, line 8		29					
	30	Reserved for future use				30					
	31	Amount from Schedule 3, line 15	5			31					
	32	Add lines 27, 28, 29, and 31. Th	ese are your	total other pa	yments and refu	indable	credits		32		
	33	Add lines 25d, 26, and 32. These	e are your to l	tal payments					33	4,5	44.
Refund	34	If line 33 is more than line 24, su	ubtract line 24	from line 33.	This is the amour	nt you c	verpaid		34	2,3	66.
neruna	35a	Amount of line 34 you want refu	35a	2,3	66.						
Direct deposit?	b	Routing number 0 6 1 0									
See instructions.	d	Routing number 0 6 1 0 0 5 2 c Type: X Checking Savings Account number 3 3 4 0 6 1 4 6 8 0 3 I									
	36	Amount of line 34 you want app	lied to your 2	2023 estimate	dtax	36					
Amount	37	Subtract line 33 from line 24. Th									
You Owe		For details on how to pay, go to	www.irs.gov	/Payments or	see instructions .				37		
	38	Estimated tax penalty (see instru	uctions) .			38					
Third Party	Do	you want to allow another pe	rson to disc	uss this retur	n with the IRS?	See	_				
Designee	ins	tructions				•	Yes. Co	•		X No	
	De nai	signee's		Phone no.				nal identi er (PIN)	ication		
0:000		der penalties of perjury, I declare that I				odulos a		. ,	the bos		
Sign		ief, they are true, correct, and complete									
Here	Yo	ur signature		Date	Your occupation			If the	IRS se	nt you an Identit	y
		0								IN, enter it here	-
Joint return?					TEACHER			(see	,		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, both	n must sign.	Date	Spouse's occupati	on				nt your spouse a ection PIN, enter	
your records.					HOME MAKEF	2		(see	2		
	Ph	one no. (404) 563-3707		Email address	KAJALSAHNI			м М			
		(eparer's signatu			Date		PTIN		Check if:	
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SY.	AM PRIYA B	RAM SAGAR	GUPTA TALLAM	04/1	7/2023	P02082	2703	Self-emplo	oyed
Preparer		n's name GLOBAL TAXES								(678)965-9	
Use Only		m's address 245 ROONEY (NSWICK NJ	J 08816				s EIN	84-3171	
Go to www.im	ov/Eor	a 1040 for instructions and the latest in			DAA	DE1 (00)				Earm 104	

Go to www.irs.gov/Form1040 for instructions and the latest information.

BAA REV 03/22/23 PRO

Form **1040** (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074 20 2

Attachment Sequence No. **01**

Your social security number

173-29-3579

Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR
KAJAL SAHNI &	GURPARTAP SINGH

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attac	ch Schedule E .	5	-6,024.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()		
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Income from Form 8853	8e		
f		8f		
g	Alaska Permanent Fund dividends	8g		
h		8h		
i		8i		
j		8j		
k		8k		
I	Income from the rental of personal property if you engaged in the rental			
		81		
m	Olympic and Paralympic medals and USOC prize money (see			
	/	8m		
n		8n		
ο		80		
р		8p		
q		8q		
r		8r		
S	Nontaxable amount of Medicaid waiver payments included on Form	- (
	,	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	8	8t		
u		8u		
Z	Other income. List type and amount:			
•		8z		
9	Total other income. Add lines 8a through 8z		9	C
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR,	or 1040-NR, line 8	10	-6,024.

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee	e-basi	s gov	ernment		
	officials. Attach Form 2106				12	
13	Health savings account deduction. Attach Form 8889				13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903				14	
15	Deductible part of self-employment tax. Attach Schedule SE				15	
16	Self-employed SEP, SIMPLE, and qualified plans				16	
17	Self-employed health insurance deduction				17	
18	Penalty on early withdrawal of savings				18	
19a	Alimony paid				19a	
b	Recipient's SSN	· _				
С	Date of original divorce or separation agreement (see instructions):					
20	IRA deduction				20	
21	Student loan interest deduction				21	
22	Reserved for future use				22	
23	Archer MSA deduction				23	
24	Other adjustments:					
а	Jury duty pay (see instructions)	24a				
b	Deductible expenses related to income reported on line 8I from the					
	rental of personal property engaged in for profit	24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
d	Reforestation amortization and expenses	24d				
е	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
g	Contributions by certain chaplains to section 403(b) plans	24g				
h	Attorney fees and court costs for actions involving certain unlawful					
	discrimination claims (see instructions)	24h				
i	Attorney fees and court costs you paid in connection with an award					
	from the IRS for information you provided that helped the IRS detect					
	tax law violations	24i				
j	Housing deduction from Form 2555	24j				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
	1041)	24k				
z	Other adjustments. List type and amount:					
		24z				
25	Total other adjustments. Add lines 24a through 24z				25	
26	Add lines 11 through 23 and 25. These are your adjustments to income	e. Ente	er here	and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA	REV	03/22/23 P	RO	Schedu	ile 1 (Form 1040) 2022

	EDULE E		Supplementa	l Inc	ome an	d Los	SS			OMB No	o. 1545-0074
(Form	1040)	(Fro	om rental real estate, royalties, partners	hips, S	corporati	ons, es	states,	trusts, REMIC	s, etc.)	20	192
	nent of the Treasury		Attach to Form 1040,							Attachn	nent
	Revenue Service		Go to www.irs.gov/ScheduleE for	rinstru	uctions an	d the la	atest in				ce No. 13
• •) shown on return									al security	
Part			PARTAP SINGH .oss From Rental Real Estate an	d Do	voltion				1/3-2	9-3579	
Part	Note: If yo	ou are	in the business of renting personal proper r loss from Form 4835 on page 2, line 40.			c . See	e instru	ctions. If you ar	re an indiv	vidual, rep	ort farm
Α [yments in 2022 that would require you	to file	Form(s) 1	099? 5	See ins	structions .		. 🗌 Ye	s 🛛 No
B	f "Yes," did you	or w	ill you file required Form(s) 1099?							. 🗌 Ye	es 🗌 No
1a			of each property (street, city, state, ZIF								
Α			L HOUSE JALANDHAR PUNJAB I		,						
B					11000						
С											
1b	Type of Prope	rty	2 For each rental real estate prope	erty list	ted		Fa	ir Rental	Person	nal Use	QJV
	(from list below	N)	above, report the number of fair	rental	and			Days	Da	iys	QJV
Α	3		personal use days. Check the Q. if you meet the requirements to f			Α		365		0	
B			qualified joint venture. See instru			В					
						С					
	of Property:	aaida	ence 3 Vacation/Short-Term Ren	tal	5 Land		7	Self-Rental			
	Single Family R Multi-Family Re			lai	6 Roya				be)		
	Matt-1 army rie	Sidei				11165	0	Other (descri			
								Propertie	es:		
Incon				•		A	1	В			С
3 4				3		6	17.				
4 Exper		ivea		4							
5				5							
6	-		e instructions)	6							
7				7		1,2	64.				
8	•			8		,					
9				9							
10	Legal and othe	er pro	ofessional fees	10							
11	-			11		1,0	31.				
12			paid to banks, etc. (see instructions)	12							
13	Other interest			13		1 -					
14				14			75.				
15 16				15 16		1,3	42.				
17				17		1.4	29.				
18			se or depletion	18		-/-	2.5.				
19		•		19							
20			d lines 5 through 19	20		6,6	41.				
21	Subtract line 2	0 fro	m line 3 (rents) and/or 4 (royalties). If								
	•		e instructions to find out if you must								
	file Form 6198			21		-6,0	24.				
22	on Form 8582	(see	eal estate loss after limitation, if any, instructions)	22	(6,02	24.)	()	()
23a			s reported on line 3 for all rental prope				23a		617.		
b			s reported on line 4 for all royalty prop				23b				
C d			s reported on line 12 for all properties		· · ·		23c				
d			s reported on line 18 for all properties				23d	6	,641.		
е 24			s reported on line 20 for all properties tive amounts shown on line 21. Do no		 Ide anv lo		23e	6,	24		
24 25		-	live amounts shown on line 21. Do no		-		 Enter tr	tal losses her		(6,024.)
25 26			state and royalty income or (loss).							\	0,027.)
20	here. If Parts	II, III	, IV, and line 40 on page 2 do not 040), line 5. Otherwise, include this ar	apply	to you, a	also ei	nter th	nis amount or			-6,024.

-6,024.





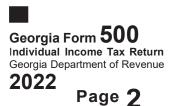
Georgia Form 500 (Rev. 06/22/22)

Individual Income Tax Return Georgia Department of Revenue

2022 (Approved software version)

Page 1 Fiscal Year Beginning STATE GΑ ISSUED YOUR DRIVER'S Fiscal Year LICENSE/STATE ID 061672971 Ending YOUR FIRST NAME YOUR SOCIAL SECURITY NUMBER мі 1. KAJAL 173-29-3579 LAST NAME (For Name Change See IT-511 Tax Booklet) SUFFIX SAHNI SPOUSE'S FIRST NAME MI SPOUSE'S SOCIAL SECURITY NUMBER 845-18-4697 DEPARTMENT USE ONLY GURPARTAP LAST NAME SUFFIX SINGH ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED 2.10 ASHFORD WAY **ZIP CODE** CITY (Please insert a space if the city has multiple names) STATE 3. GRIFFIN 30224 GΑ (COUNTRY IF FOREIGN) **Residency Status** 4. Enter your Residency Status with the appropriate number 4. 1 1. FULL- YEAR RESIDENT 2. PART- YEAR RESIDENT то 3. NONRESIDENT Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer. Filing Status 5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... 5. B 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 Surviving Spouse 6b. Spouse X 6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself X 6c. 2

This Page (1) is required for processing





YOUR SOCIAL SECURITY NUMBER 173-29-3579

- 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

Last Name

Last Name

Last Name

Relationship to You

Relationship to You

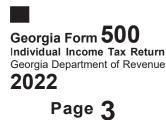
Relationship to You

INCOME COMPUTATIONS

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

 Federal adjusted gross income (From Federal Form 1040)	47483 ss than your
9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet)	
10. Georgia adjusted gross income (Net total of Line 8 and Line 9) 10.	47483
11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION) 11a. (See IT-511 Tax Booklet)	7100
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)	7100
12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must include	e 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	40383

This Page (2) is required for processing





YOUR SOCIAL SECURITY NUMBER

173-29-3579

14a. Enter the number from Line 6c. 2 Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.	7400
14b. Enter the number from Line 7a. Multiply by \$3,000	14b.	
14c. Add Lines 14a. and 14b. Enter total	14c.	7400
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	15a.	32983
applying the 80% limitation, see IT-511 Tax Booklet for more information).	15b.	
15c. Georgia Taxable Income (Line 15a less Line 15b)	15c.	32983
16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet)	16.	1662
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 file electronically)	d 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.	1662

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. 2.	WITHHOLDING TYPE: X W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) X SSN 586003006	 WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN 	 WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN
3.	EMPLOYER/PAYER STATE WITHHOLDING ID 4647760 DW	3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID
4.	GA WAGES / INCOME 53381	4. GA WAGES / INCOME	4. GA WAGES / INCOME
5.	GA TAX WITHHELD 2326	5. GA TAX WITHHELD	5. GA TAX WITHHELD

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

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Page 4



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YOUR SOCIAL SECURITY NUMBER 173-29-3579

(INCOME STATEMENT D) (INCOME STATEMENT E) (INCOME STATEMENT F) 1. WITHHOLDING TYPE: 1. WITHHOLDING TYPE: 1. WITHHOLDING TYPE: W-2 G2-A G2-LP G2-A 1093 G2-FL G2-RP 1099 G2-FL G2-RP 2 EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) 2 EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) 3 EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) 3 EMPLOYER/PAYER STATE WITHHOLDING ID 3 EMPLOYER/PAYER STATE WITHHOLDING ID 3. EMPLOYER/PAYER STATE WITHHOLDING ID 3 EMPLOYER/PAYER STATE WITHHOLDING ID 3 EMPLOYER/PAYER STATE WITHHOLDING 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 23.226 23. Ceorgia Income Tax Withheld on Wages and 1099s 23. 23.2 2326 2326 24. Chine Tax Withheld on Wages and 1099s 24. 24. 24. 24. 24. 24. 2326 2326 2326 2326 2326 2326 2326 2326 2326 2326 2326 232				
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31 Georgia Wildlife Conservation Fund (No gift of less than \$1 00) 31.	30.	Amount to be credited to 2023 ESTIMA	TED TAX	0
	31.	Georgia Wildlife Conservation Fund (No	gift of less than \$1.00)	
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32. Georgia Fund for Children and Elderly (No gift of less than \$1.00) 32.	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)			22	
33. Georgia Cancer Research Fund (No gift of less than \$1.00) 33.	33.	Georgia Cancer Research Fund (No gift	t of less than \$1.00) 33.	
34. Georgia Land Conservation Program (No gift of less than \$1.00)	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.	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	Dog & Cat Sterilization Fund (No gift of	ess than \$1.00)	
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37. Saving the Cure Fund (No gift of less than \$1.00) 37.	37.	Saving the Cure Fund (No gift of less th	nan \$1.00)	
38. Realizing Educational Achievement Can Happen (REACH) Program	20	Realizing Educational Achievement Can Har	npen (REACH) Program 20	
(No gift of less than \$1.00)	- 30.			

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Georgia Form 500 Individual Income Tax Ref Georgia Department of Reve 2022		2300411554		YOUR SOCIAL SECURIT 173-29-3579	YNUMBER
Page 5					
39. Public Safety Memoria	al Grant (No gift of less than \$1.0	0) 39.			
40. Form 500 UET (Estim	nated tax penalty) 500 UET ex	ception attached 40			
41. Penalty: Late Paymer	nt and/or Late Filing				
42. Interest					
MAKE CHECK PAYA Mail To: GEORGIA D	nes 28, 31 thru 42 BLE TO GEORGIA DEPARTMENT EPARTMENT OF REVENUE PROC ANTA, GA 30374-0399	OF REVENUE,	i.		
	nd) Subtract the sum of Lines 30 thru				
Refund Due Mail To: G	ND EORGIA DEPARTMENT OF REVE				664
PO BOX 740380 ATLAI	٧TA, GA 30374-0380 irect Deposit information or if ۱	/ou are a first time fi	ler vou will be is	sued a naner check	
44a. Direct Deposit (U.S. Account			iei you will be is	sueu a paper check.	
Routing Number 06100005		Account	3340614468	03	
I/We declare under the penalties	s 1-5 and any applicable sched of perjury that I/we have examined this re complete. If prepared by a person other t	turn (including accompanyir	g schedules and state	ments) and to the best of my/o	
Taxpayer's Signature	(Check box if deceased)	Spouse's Sig	inature (Check box if deceased)	
Taxpayer's Date of Dea	th	Spouse's Da	te of Death		
Taxpayer's Signature D	ate Taxpayer's 404-563	Phone Number 3-3707	Sp	oouse's Signature Date	
my account(s).	ess I am authorizing the Georgia Departm	ent of Revenue to electronic	ally notify me at the be	elow e-mail address regarding a	ny updates to
Taxpayer's E-mail Addı	ess			I authorize DOR to d with the named prep	
	SAGAR GUPTA TALLAM		Preparer's Pho 678-965		
Signature of Preparer Name of Preparer Othe			Preparer's FEI	N	
	AM SAGAR GUPT		84-3171		
Dreparer's Firm Name			Droparar'a SS		

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

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