

IRS e-file Signature Authorization

▶ 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 ASHWINI ARUN BHOR	Social security number 682-82-4053
Spouse's name	Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, 2022 (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	Adjusted gross income	1	77,252.
2	Total tax	2	9,759.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	12,418.
4	Amount you want refunded to you	4	2,659.
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 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

I authorize GLOBAL TAXES LLC to enter or generate my PIN

2	4	0	5	3
---	---	---	---	---

 as my 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 ▶  Date ▶ _____

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN

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 as my 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 ▶ _____ 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.

2	2	2	4	9	6	3	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 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

Filing Status [X] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Personal information section including name (ASHWINI ARUN), last name (BHOR), social security number (682-82-4053), and home address (70 PERIMETER CTR E, ATLANTA, GA 30346).

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? [] Yes [X] No

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

Age/Blindness You: [] Were born before January 2, 1958 [] Are blind Spouse: [] Was born before January 2, 1958 [] Is blind

Table for Dependents with columns for (1) First name, Last name, (2) Social security number, (3) Relationship to you, and (4) Child tax credit/Credit for other dependents.

Income section table with rows 1a through 1z, including Total amount from Form(s) W-2, Household employee wages, Tip income, etc.

Table for Deductions and Adjustments with rows 2a through 15, including Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits, Capital gain or loss, and Standard deduction.

Table with columns for line numbers (16-24), descriptions (Tax and Credits), and amounts. Total tax is 9,759.

Table for Payments (lines 25-33). Includes federal income tax withheld (12,418) and total payments (12,418).

Table for Refund (lines 34-36). Shows overpaid amount of 2,659 and amount applied to 2023 estimated tax.

Table for Amount You Owe (lines 37-38). Shows amount owed and estimated tax penalty.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with signature lines for preparer and spouse, including occupation and ID Protection PIN fields.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, firm name, address, and phone number.

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/ScheduleD for instructions and the latest information.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Attachment
Sequence No. **12**

Name(s) shown on return

ASHWINI ARUN BHOR

Your social security number

682-82-4053

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	163.	101.		62.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 62.

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	62.
	<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 		
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21	()
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form8949 for instructions and the latest information.
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

ASHWINI ARUN BHOR

Social security number or taxpayer identification number

682-82-4053

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	163.	101.			62.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).				163.	101.			62.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Qualified Business Income Deduction Simplified Computation

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Attachment
Sequence No. **55**

Go to www.irs.gov/Form8995 for instructions and the latest information.

Name(s) shown on return

ASHWINI ARUN BHOR

Your taxpayer identification number

682-82-4053

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.
Use this form if your taxable income, before your qualified business income deduction, is at or below \$170,050 (\$340,100 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i			
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	
3	Qualified business net (loss) carryforward from the prior year	3	()
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	1.
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	1.
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10
11	Taxable income before qualified business income deduction (see instructions)	11	64,302.
12	Net capital gain (see instructions)	12	7.
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	64,295.
14	Income limitation. Multiply line 13 by 20% (0.20)		14
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)		15
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		16
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17



Form M-8453 Individual Income Tax Declaration for Electronic Filing

2022
Massachusetts
Department of
Revenue

Please print or type. Privacy Act Notice available upon request. For the year January 1–December 31, 2022.

Your first name and initial ASHWINI ARUN BHOR	Last name	Your Social Security number 682824053
If a joint return, spouse's first name and initial	Last name	Spouse's Social Security number
Present street address (and apartment number) 70 PERIMETER CTR E APT NO 1141		
City/Town/Post Office ATLANTA	State GA	Zip 30346
Filing status: <input checked="" type="radio"/> Single <input type="radio"/> Married filing jointly <input type="radio"/> Married filing separately <input type="radio"/> Head of household		

Part 1. Tax Return Information for Electronic Filing

1 Total 5.0% income (from Form 1, line 10, or Form 1-NR/PY, line 12)	1	4224
2 Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36)	2	203
3 Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38)	3	
4 Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42)	4	183
5 Refund amount (from Form 1, line 53, or Form 1-NR/PY, line 57)	5	
6 Tax due (from Form 1, line 54, or Form 1-NR/PY, line 58)	6	20

Part 2. Declaration and Signature of Taxpayer

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2022 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

Your signature	Date	Spouse's signature	Date
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Part 3. Declaration and Signature of Electronic Return Originator (ERO)

I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

ERO's signature and SSN or PTIN	Date	EIN		
	04172023	882145487		<input type="radio"/> Fill in if self-employed
Firm name (or yours, if self-employed) and address	City/Town	State	Zip	
GLOBAL TAXES LLC 245 ROONEY CT	E BRUNSWICK	NJ	08816	<input type="radio"/> Fill in if also paid preparer

Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Paid preparer's signature and SSN or PTIN	Date	EIN		
P02082703	04172023	843171965		<input type="radio"/> Fill in if self-employed
Firm name (or yours, if self-employed) and address	City/Town	State	Zip	
SYAM PRIYA RAM SAGAR GUPTA TALLAM 245 ROONEY CT	E BRUNSWICK	NJ	08816	

IF YOU ARE MAILING THE FORM PV WITH THE PAYMENT BY ITSELF, MAIL IT WITH THE PAYMENT TO:
MASSACHUSETTS DEPARTMENT OF REVENUE
PO BOX 419540
BOSTON, MA 02241-9540

DETACH HERE

REV 04/11/23 PRO

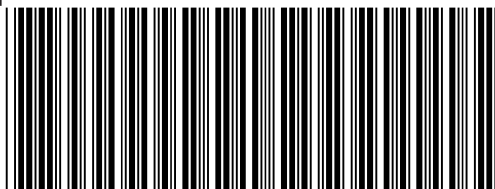
2022 Form PV Massachusetts Income Tax Payment Voucher

Payment for period end date (mm/dd/yyyy)	Tax type	Voucher type	ID type	Vendor code
12/31/2022	053	01	005	1555
Name of taxpayer	Social Security number		Amount enclosed	
ASHWINI ARUN BHOR	682824053		\$ 20.00	
Name of taxpayer's spouse	Social Security number of taxpayer's spouse			
Street address	City/Town	State	Zip	
70 PERIMETER CTR E APT NO 1141	ATLANTA	GA	30346	
Phone	E-mail	Fill in if name/address changed since 2021		
857-891-9590	ASHWINIBHOR19@GMAIL.COM	<input type="checkbox"/>		

Pay online at mass.gov/masstaxconnect. Or, return this voucher with check or money order payable to: **Commonwealth of Massachusetts**.
Mail to: **Massachusetts Department of Revenue, PO Box 419540, Boston, MA 02241-9540**



00100682824053 123122 0000000000 053 010051555 00000020005



2022 Form 1-NR/PY

MA22006011555

Massachusetts Nonresident/Part-Year Resident Income Tax Return

For the year January 1–December 31, 2022 or other taxable

Year beginning

Ending

ASHWINI ARUN

BHOR

682824053

70 PERIMETER CTR E

ATLANTA

GA 30346 1141

Fill in if: Amended return Federal amendment Other jurisdiction change Amended return due to IRS BBA Partnership Audit Enter date of change

State Election Campaign Fund:

Fill in if veteran of Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula

Taxpayer deceased

Fill in if under age 18

Fill in if name change

\$1 You \$1 Spouse TOTAL You Spouse You Spouse You Spouse

Check one: X Nonresident Part-year resident Filing as both nonresident and part-year resident Nonresident composite

a. Total federal income 77252 b. Federal adjusted gross income 77252

1. Filing status (select one only): X Single Married filing jointly Married filing separate return Head of household

You are a custodial parent who has released claim to exemption for child(ren)

2. Part-year residents. Enter dates as Massachusetts resident: From To

3. Total days as Massachusetts resident ÷ 365 = 3

Fill in if noncustodial parent Fill in if filing Schedule TDS Fill in if filing Schedule FCI Fill in if reporting crypto currency

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature

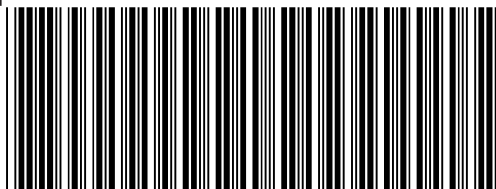
Date

Spouse's signature

Date

857-891-9590

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



2022 Form 1-NR/PY, pg. 2

MA22006021555

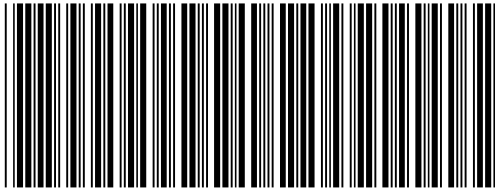
Massachusetts Nonresident/

Part-Year Resident Income Tax Return

682824053

4. Exemptions:			
a. Personal exemptions		4a	4400
b. Number of dependents. (Do not include yourself or your spouse.) Enter number		$\times \$1,000 =$ 4b	
c. Age 65 or over before 2023	You + Spouse =	$\times \$700 =$ 4c	
d. Blindness	You + Spouse =	$\times \$2,200 =$ 4d	
e. Medical/dental		4e	
f. Adoption		4f	
g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a		4g	4400
5. Wages, salaries, tips		5	4224
6. Taxable pensions and annuities		6	
7. Mass. bank interest: a.	- b. exemption	= 7	
8. Business/profession income/loss a.	+ b. Farming income/loss	= 8	
9. Rental, royalty and REMIC, partnership, S corp., trust income/loss		9	
10a. Unemployment		10a	
10b. Mass. lottery winnings		10b	
11. Other income		11	
12. TOTAL 5.0% INCOME		12	4224
13. NONRESIDENT APPORTIONMENT WORKSHEET. You cannot apportion Mass. wages as shown on Form W-2. Do not use this worksheet if you know the exact amount of your Mass. source income. Only use when income from employment/business is earned both inside and outside Mass. and the exact Mass. amount is not known. Basis:	working days	miles	sales
	other:		
Working days (or other basis) outside Massachusetts		13a	
Working days (or other basis) inside Massachusetts		13b	
Total working days		13c	
Nonworking days (holidays, weekends, etc.)		13d	
Massachusetts ratio		13e	
Total income being apportioned. You cannot apportion Massachusetts wages as shown on Form W-2		13f	
Massachusetts income		13g	

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2022 Form 1-NR/PY, pg. 3

MA22006031555

Massachusetts Nonresident/

Part-Year Resident Income Tax Return

ASHWINI ARUN

BHOR

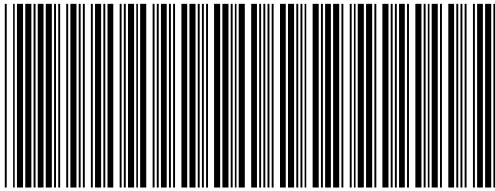
682824053

14. NONRESIDENT DEDUCTION AND EXEMPTION RATIO

a. Total 5.0% income	14a	4224
b. Interest income	14b	
c. Total capital gain income	14c	62
d. Total income this return	14d	4286
e. Non-Massachusetts source income. Not less than "0"	14e	72966
f. Total income	14f	77252
g. Deduction and exemption ratio	14g	0.0555
15a. Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	15a	61
15b. Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	15b	
16. Reserved for future use	16	
17. Reserved for future use	17	

18. Rental deduction. a.	18	
Nonresidents, fill in if during 2022 you did not have a family home or any dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future		
19. Other deductions from Schedule Y, line 19	19	
20. Total deductions. Add lines 15 through 19	20	61
21. 5.0% INCOME AFTER DEDUCTIONS. Subtract line 20 from line 12. Not less than "0"	21	4163
22. Exemption amount. a. 4400	22	244
23. 5.0% INCOME AFTER EXEMPTIONS. Subtract line 22 from line 21. Not less than "0"	23	3919
24. INTEREST AND DIVIDEND INCOME	24	
25. TOTAL TAXABLE 5.0% INCOME. Add lines 23 and 24	25	3919
26. TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 25 and the amount in Schedule D, line 21 by .0585	26	196

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1

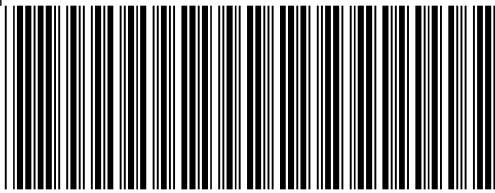


2022 Form 1-NR/PY, pg. 4

MA22006041555
Massachusetts Nonresident/
Part-Year Resident Income Tax Return
682824053

27.	12% INCOME. Not less than "0." a.	62	x .12 =	27	7
28.	TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS Fill in if any excess exemptions were used in calculating lines 24, 27 or 28			28	
29.	Credit recapture amount (from Credit Recapture Schedule)			29	
30.	Additional tax on installment sale			30	
31.	If you qualify for No Tax Status, fill in and enter "0" on line 32				
32.	TOTAL INCOME TAX. Add lines 26 through 30.			32	203
33.	Limited Income Credit			33	
34.	Income tax due to another state or jurisdiction			34	
35.	Other credits (from Credit Manager Schedule)			35	
36.	INCOME TAX AFTER CREDITS. Subtract the total of lines 33 through 35 from line 32. Not less than "0"			36	203
37.	Voluntary Contributions				
	a. Endangered Wildlife Conservation			37a	
	b. Organ Transplant Fund			37b	
	c. Massachusetts Public Health HIV and Hepatitis Fund			37c	
	d. Massachusetts U.S. Olympic Fund			37d	
	e. Massachusetts Military Family Relief Fund			37e	
	f. Homeless Animal Prevention and Care			37f	
	Total. Add lines 37a through 37f			37	
38.	Use tax due on Internet, mail order and other out-of-state purchases			38	
39.	Health care penalty a. You + b. Spouse			39	
40.	Amended return only. Overpayment from original return			40	
41.	INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 36 through 40			41	203
42.	a. Massachusetts income tax withheld from Form(s) W-2	42a	183		
	b. Massachusetts income tax withheld from Form(s) 1099	42b			
	c. Massachusetts income tax withheld from other forms	42c			
	Total. Add lines 42a through 42c			42	183

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2022 Schedule B

MA22010011555

ASHWINI ARUN

BHOR

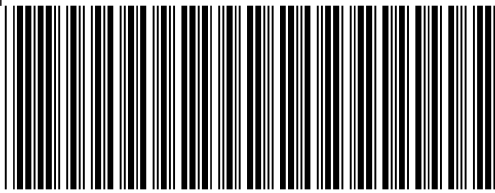
682824053

Part 1. Interest and Dividend Income

1. Total interest income	1	225
2. Total ordinary dividends	2	8
3. Other interest and dividends not included above	3	
4. Total interest and dividends	4	233
5. Total interest from Massachusetts banks	5	
6a. Other interest and dividends to be excluded	6a	
6b. Part-year/Nonresidents only	6b	233
7. Subtotal	7	
8. Allowable deductions from your trade or business	8	
9. Subtotal	9	

Part 2. Short-Term Capital Gains/Losses and Long-Term Gains on Collectibles

10. Massachusetts short-term capital gains	10	62
11. Massachusetts long-term capital gains on collectibles and pre-1996 installment sales	11	
12. Massachusetts gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	12	
13a. Add lines 10 through 12	13a	62
13b. Part-year/Nonresidents only	13b	
13c. Subtract line 13b from line 13a. Not less than 0	13c	62
14. Allowable deductions from your trade or business	14	
15. Subtotal	15	62
16. Massachusetts short-term capital losses	16	
17. Massachusetts loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	17	
18. Prior short-term unused losses for years beginning after 1981	18	



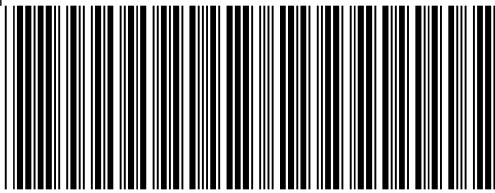
2022 Schedule B, pg. 2

682824053 MA22010021555

19a. Combine lines 15 through 18	19a	62
19b. Part-year/Nonresidents only	19b	
19c. Exclude line 19b losses from line 19a	19c	62
20. Short-term losses applied against interest and dividends	20	
21. Available short-term losses	21	
22. Short-term losses applied against long-term gains	22	
23. Short-term losses available for carryover in 2023	23	
24. Short-term gains and long-term gains on collectibles	24	62
25. Long-term losses applied against short-term gain	25	
26. Subtotal	26	62
27. Long-term gains deduction	27	
28. Short-term gains after long-term gains deduction	28	62

Part 3. Adjusted Gross Interest, Dividends, Short-Term Capital Gains and Long-Term Gains on Collectibles

29. Enter the amount from line 9	29	
30. Short-term losses applied against interest and dividends	30	
31. Subtotal interest and dividends	31	
32. Long-term losses applied against interest and dividends	32	
33. Adjusted interest and dividends	33	
34. Enter the amount from line 28	34	62
35. Adjusted gross interest, dividends and certain capital gains	35	62
36. Excess exemptions	36	
37. Subtract line 36 from line 35	37	62
38. Interest and dividends taxable at 5.0%	38	
39. Taxable 12% capital gains	39	62
40. Available short-term losses for carryover in 2023	40	



2022 Schedule INC

MA22INC011555

ASHWINI ARUN

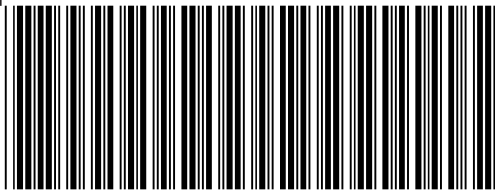
BHOR

682824053

Form W-2 and 1099 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
872928157	183	4224	61		W2

TOTALS	183	4224	61		
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2022 Schedule NTS-L-NRPY

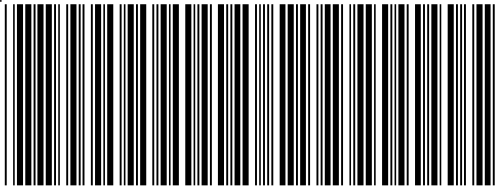
MA22021011555

No Tax Status and Limited Income Credit

682824053

Schedule NTS-L-NRPY. No Tax Status and Limited Income Credit

1. Total 5.0% income	1	4224
2. Adjustments to income	2	
3. Adjusted 5.0% income. Subtract line 2 from line 1. Do not enter if less than "0"	3	4224
4. Interest exemption used	4	
5. Adjusted gross interest, dividends and certain capital gains	5	62
6. Long-term capital gain	6	
7. Additional income/loss while a nonresident/part-year resident	7	72966
8. Total income. Combine lines 3 through 7	8	77252
9. Additional adjustments to income while a nonresident/part-year resident	9	
10. Massachusetts Adjusted Gross Income (AGI)	10	77252
If you are single and the total in line 10 is \$8,000 or less, you qualify for No Tax Status		
11. If married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$16,400 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$14,400 to that amount	11	
12. If you do not qualify for No Tax Status and you are married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$28,700 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$25,200 to that amount	12	
13. No Tax Status threshold	13	
14. Income for Limited Income Credit	14	
15. Tax before adjustments	15	
16. Tax for Limited Income Credit	16	
17. Limited Income Credit	17	



2022 M-2210

MA22653011555

Underpayment of Massachusetts Estimated
Income Tax

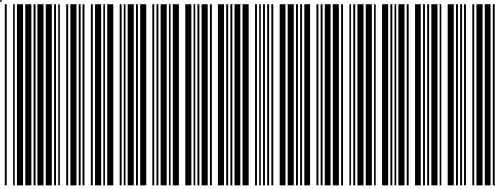
ASHWINI ARUN BHOR

682824053

You are a qualified farmer or fisherman filing and paying your full amount due on or before March 1, 2023
You were a resident of Massachusetts for 12 months and not liable for taxes during 2021.
Your estimated payments and withholding equal or exceed your 2021 tax (where taxable year was 12 months and a return was filed).

Part 1. Figuring your underpayment

1.	2022 tax					1				203
2.	Total credits					2				
3.	Balance					3				203
4.	Enter 80% of line 3 or 66.667% of line 3 if you are a qualified farmer or fisherman					4				162
5.	Enter 2021 tax liability after credits					5				
6.	Enter the smaller of line 4 or line 5					6				
7.	Enter in col's. a through d (respectively) the installment dates of the 15th day of the 4th, 6th and 9th months of the taxable year and the 1st month of the succeeding taxable year					7				
							- Installment due dates -			
							a. April 15, 2022	b. June 15, 2022	c. Sept. 15, 2022	d. Jan. 15, 2023
							04152022	06152022	09152022	01152023
8.	Divide the amount in line 6 by the number of installments required for the year. Enter the result in the appropriate columns					8				
9.	Estimated taxes paid and taxes withheld for each installment					9	45	46	46	46
10.	Overpayment of previous installments					10				
11.	Total					11				
12.	Overpayment					12				
13.	Underpayment					13				



2022 M-2210 pg. 2

MA22653021555

Underpayment of Massachusetts Estimated
Income Tax

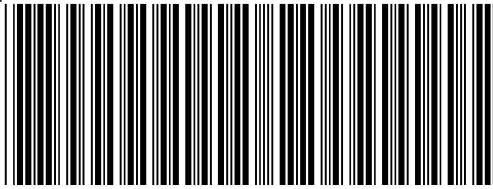
ASHWINI ARUN BHOR

682824053

Part 2. Figuring your underpayment penalty

- 14. Enter the date you paid the amount in line 13 or the 15th day of the 4th month after the close of the taxable year, whichever is earlier 14
- 15. Number of days from the due date of installment to the date shown in line 14 15
- 16. Number of days in line 15 after 4/15/22 and before 7/1/22 16
- 17. Number of days in line 15 after 6/30/22 and before 10/1/22 17
- 18. Number of days in line 15 after 9/30/22 and before 1/1/23 18
- 19. Number of days in line 15 after 12/31/22 and before 4/15/23 19
- 20. Underpayment in line 13 × (number of days in line 16 ÷ 365) × 4% 20
- 21. Underpayment in line 13 × (number of days in line 17 ÷ 365) × 5% 21
- 22. Underpayment in line 13 × (number of days in line 18 ÷ 365) × 7% 22
- 23. Underpayment in line 13 × (number of days in line 19 ÷ 365) × rate to be determined % 23
- 24. Penalty. Add all amounts shown in lines 20 through 23. 24

SEE STMT



2022 M-2210 pg. 3

MA22653031555

Underpayment of Massachusetts Estimated
Income Tax

ASHWINI ARUN BHOR

682824053

Part 3. Annualized income installment method

– Installment due dates –

		Jan. 1–March 31	Jan. 1–May 31	Jan. 1–August 31	Jan. 1–Dec. 31
1. Taxable 5.0% income each period (including long-term capital gain income taxed at 5.0%)	1				
2. Annualization amount	2	4	2.4	1.5	1
3. Multiply line 1 by line 2	3				
4. Tax on amount in line 3. Multiply line 3 by .05	4				
5. Taxable 12% income each period	5				
6. Annualization amount	6	4	2.4	1.5	1
7. Multiply line 5 by line 6	7				
8. Tax on amount in line 7. Multiply line 7 by .12	8				
9. Total tax. Add lines 4 and 8	9				
10. Total credits	10				
11. Total tax after credits	11				
12. Applicable percentage	12	20%	40%	60%	80%
13. Multiply line 11 by line 12	13				
14. Enter the combined amounts of line 20 from all preceding periods		14			
15. Subtract line 14 from line 13. Not less than "0"	15				
16. Divide line 6 of Form M-2210 by 4 and enter result in each column	16				
17. Enter the amount from line 19 of this worksheet for the preceding column		17			
18. Add lines 16 and 17	18				
19. If line 18 is more than line 15, subtract line 15 from line 18. Otherwise enter "0"	19				
20. Enter the smaller of line 15 or line 18 here and on Form M-2210, line 8	20				

**Other Interest and Dividends
 Excluded Statement**

▶ Attach to your return

2022

Statement EXCL

Name as Shown on Return ASHWINI ARUN BHOR		Social Security No. 682-82-4053
1	Any interest on U.S. debt obligations (including its territories or dependencies)	1 _____
2	Any interest and dividends taxed directly to Massachusetts estates and trusts	2 _____
3	Any distribution which is a return of capital included in total gross dividends, Schedule B, line 2	3 _____
4	Any exempt portion of interest or dividends from a mutual fund included in Schedule B, lines 1, 2 or 3	4 _____
5	Any interest or dividends from obligations of the Commonwealth of Massachusetts or its political subdivisions	5 _____
6	Any dividends from current earnings of a corporate trust taxed directly on Massachusetts Form 3F.	6 _____
7	Any interest on pre-retirement distributions from state and municipal contributory pension plans	7 _____
8	Other: _____ _____ _____	8 _____ _____ _____
9	Total to Schedule B, line 6a	9 _____

Massachusetts Nonresident and Part-year Resident Excludable Interest and Dividends	
Note: Only use this worksheet if you are not filing as a full year Massachusetts resident.	
A	Total ordinary interest & dividends from Schedule B lines 1, 2, and 3 <u>233</u>
B	Enter interest and dividends included on line A which you received while living in Massachusetts from all sources, or were directly connected with business activity in Massachusetts <u>0</u>
C	Massachusetts excludable interest and dividends from sources other than Massachusetts (A minus B). Enter amount on Schedule B, line 6b. <u>233</u>

Dos and Don'ts Checklist for the Individual/Fiduciary (525-TV) Payment Voucher

Payments can be made electronically on the Georgia Tax Center (GTC) gtc.dor.ga.gov/ .

Do:

- Use a payment voucher with a valid scanline.
- Only complete this voucher if you owe taxes.
- Complete the voucher in its entirety.
- Write your SSN or FEIN on your check or money order.
- Make your check or money order payable to: Georgia Department of Revenue
- Remember 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.
- Mail your voucher and payment to the address listed below if your return was filed electronically.

**Processing Center
Georgia Department of Revenue
PO Box 740323
Atlanta, Georgia 30374-0323**

- Mail your return, payment voucher and payment to the address that appears on the return if filing a paper return.

Do not:

- Mail this entire page.
- Staple your payment and voucher together.
- Print on both sides of the paper.
- Handwrite any information.

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.

----- Cut along dotted line -----

525-TV (Rev. 06/21/22)

Individual and Fiduciary Payment Voucher

2022



2352511512

Individual or Fiduciary Name and Address:

ASHWINI ARUN BHOR
70 PERIMETER CTR E
APT NO 1141
ATLANTA GA 30346

Amended Return Paper Return Electronically Filed TYPE OF RETURN: 09-Individual 10-Fiduciary

Taxpayer's SSN or Fiduciary FEIN 682-82-4053	Spouse's SSN (if joint or combined return)	Tax Year 2022	Daytime Telephone Number 857-891-9590	Vendor Code 115
---	--	------------------	--	--------------------

PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.

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

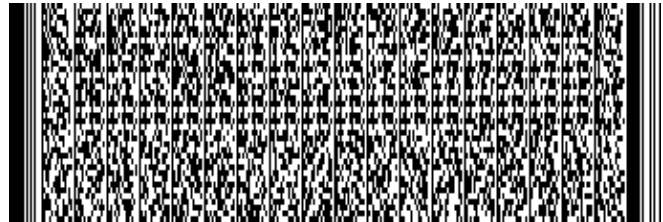
Amount Paid \$ 149.00

5250068282405352209212000000000000000011500000149001

REV 01/03/23 PRO



2300411514



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
ISSUED

Fiscal Year
Ending

YOUR DRIVER'S
LICENSE/STATE ID

YOUR FIRST NAME

1. ASHWINI ARUN

MI

YOUR SOCIAL SECURITY NUMBER

682-82-4053

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

BHOR

SUFFIX

SPOUSE'S FIRST NAME

MI

SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME

SUFFIX

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number)

CHECK IF ADDRESS HAS CHANGED

2. 70 PERIMETER CTR E

APT NO 1141

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

3. ATLANTA

STATE

GA

ZIP CODE

30346

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number **4. 1**

Residency Status

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**

Filing Status

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

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.**

This Page (1) is required for processing

REV 01/03/23 PRO



YOUR SOCIAL SECURITY NUMBER
 682-82-4053

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.	77252
(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.	77252
11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION).....	11a.	5400
(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.	5400
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.	71852



2300411534

YOUR SOCIAL SECURITY NUMBER
682-82-4053

Page 3

14a. Enter the number from Line 6c. 1 Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.	2700
14b. Enter the number from Line 7a. Multiply by \$3,000.....	14b.	
14c. Add Lines 14a. and 14b. Enter total	14c.	2700
15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14).....	15a.	69152
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.	69152
16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet)	16.	3804
17. Low Income Credit 17a. 17b.	17c.	
18. Other State(s) Tax Credit (Include a copy of the other state(s) return)	18.	87
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.	87
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero	22.	3717

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:			
<input checked="" type="checkbox"/> 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) <input checked="" type="checkbox"/> SSN				2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN				2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN			
872928157											
3. EMPLOYER/PAYER STATE WITHHOLDING ID				3. EMPLOYER/PAYER STATE WITHHOLDING ID				3. EMPLOYER/PAYER STATE WITHHOLDING ID			
3447094JD											
4. GA WAGES / INCOME				4. GA WAGES / INCOME				4. GA WAGES / INCOME			
72733											
5. GA TAX WITHHELD				5. GA TAX WITHHELD				5. GA TAX WITHHELD			
3568											

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

This Page (3) is required for processing



YOUR SOCIAL SECURITY NUMBER
 682-82-4053

Page 4

(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.	3568
<small>(Enter Tax Withheld Only and include W-2s and/or 1099s)</small>		
24. Other Georgia Income Tax Withheld	24.	
<small>(Must include G2-A, G2-FL, G2-LP and/or G2-RP)</small>		
25. Estimated Tax paid for 2022 and Form IT-560	25.	
26. Schedule 2B Refundable Tax Credits	26.	
<small>(Cannot be claimed unless filed electronically)</small>		
27. Total prepayment credits (Add Lines 23, 24, 25 and 26)	27.	3568
28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter balance due	28.	149
29. If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter overpayment	29.	
30. Amount to be credited to 2023 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.	
<small>(No gift of less than \$1.00)</small>		



2300411554

YOUR SOCIAL SECURITY NUMBER
682-82-4053

Page 5

- 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. Penalty: Late Payment and/or Late Filing..... 41.
- 42. Interest 42.
- 43. (If you owe) Add Lines 28, 31 thru 42 43. 149
MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE,
Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER,
PO BOX 740399 ATLANTA, GA 30374-0399

- 44. (If you are due a refund) Subtract the sum of Lines 30 thru 42 from Line 29
THIS IS YOUR REFUND..... 44.
Refund Due Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER,
PO BOX 740380 ATLANTA, GA 30374-0380

If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.

44a. Direct Deposit (U.S. Accounts Only) Type: Checking Savings

Routing Number	Account Number
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Mail pages 1-5 and any applicable schedules, forms, and documentation. DO NOT staple pages.

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.

<p>_____ Taxpayer's Signature (Check box if deceased)</p>	<p>_____ Spouse's Signature (Check box if deceased)</p>
<p>_____ Taxpayer's Date of Death</p>	<p>_____ Spouse's Date of Death</p>

Taxpayer's Signature Date	Taxpayer's Phone Number 857-891-9590	Spouse's Signature Date
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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.

Signature of Preparer
Name of Preparer Other Than Taxpayer
SYAM PRIYA RAM SAGAR GUPT

Preparer's Phone Number
678-965-9522

Preparer's FEIN
84-3171965

Preparer's Firm Name
GLOBAL TAXES LLC

Preparer's SSN/PTIN/SIDN
P02082703