



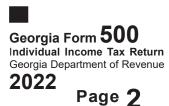
## Georgia Form 500 (Rev. 06/22/22)

Individual Income Tax Return Georgia Department of Revenue

2022 (Approved software version)

### Page 1 **Fiscal Year** Beginning STATE ISSUED YOUR DRIVER'S Fiscal Year LICENSE/STATE ID Ending YOUR FIRST NAME YOUR SOCIAL SECURITY NUMBER мі 799-40-4964 1. NEHA LAST NAME (For Name Change See IT-511 Tax Booklet) SUFFIX KUMARI SPOUSE'S FIRST NAME МІ SPOUSE'S SOCIAL SECURITY NUMBER 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 2.4351 15TH AVE S, APT NO 202 **ZIP CODE** CITY (Please insert a space if the city has multiple names) STATE WA 98108 3. SEATTLE (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. A A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Surviving Spouse 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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YOUR SOCIAL SECURITY NUMBER 799-40-4964

- 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** 

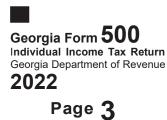
Relationship to You

#### **INCOME COMPUTATIONS**

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

(Do not use FEDERA	L TAXABLE INCC	ME) If the am	1040) ount on Line 8 is \$40,000 or 1040 Pages 1, 2, and Sche	more, or your	41565 gross income is less than your
9. Adjustments from For	m 500 Schedule	1 (See IT-511	Tax Booklet)	9.	
10. Georgia adjusted gros	s income (Net to	al of Line 8 ar	nd Line 9)	10.	41565
11. Standard Deduction (E (See IT-511 Tax Boo		RAL STANDA	RD DEDUCTION)	11a.	5400
b. Self: 65 or over?	Blind?	Total	x 1,300=	11b.	
Spouse: 65 or over? c. Total Standard De Use EITHER Line 1			oth lines)	11c.	5400
12. Total Itemized Deduction	ons used in compu	ting Federal Ta	axable Income. If you use iter	mized deduction	s, you must include Federal Schedule A.
a. Federal Itemized I	Deductions (Sche	dule A- Form 1	1040)	12a.	
b. Less adjustments:	(See IT-511 Tax I	Booklet)		12b.	
c. Georgia Total Itemiz	ed Deductions			12c.	
13. Subtract either Line 1	1c or Line 12c fro	m Line 10; en	ter balance	13.	36165

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## YOUR SOCIAL SECURITY NUMBER 799-40-4964

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	15a.	33465
applying the 80% limitation, see IT-511 Tax Booklet for more information)	····15b.	
15c. Georgia Taxable Income (Line 15a less Line 15b)	15c.	33465
16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet)	16.	1752
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)	ed 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.	1752

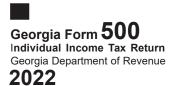
INCOME STATEMENT DETAILS Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from Form G2-RP Line 12 or 13; Form G2-LP Line 11, or for Form G2-FL enter zero.

	(INCOME STATEMENT A)		(INCOME STATEMENT B)		(INCOME STATEMENT C)		
1.	WITHHOLDING TYPE: X W-2 G2-A G2-LP	1.	WITHHOLDING TYPE: W-2 G2-A G2-LP	1.	WITHHOLDING TYPE: 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	2.	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN		EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN		
	582119972						
3.	EMPLOYER/PAYER STATE WITHHOLDING ID 1902810QF	3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3.	EMPLOYER/PAYER STATE WITHHOLDING ID		
4.	GA WAGES / INCOME 41707	4.	GA WAGES / INCOME	4.	GA WAGES / INCOME		
5.	ga tax withheld 1975	5.	GA TAX WITHHELD	5.	GA TAX WITHHELD		

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

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YOUR SOCIAL SECURITY NUMBER 799-40-4964

	(INCOME STATEMENT D)		(INCOME STATE	EMENT E)			(INCOME STATE	MENT F)	
1.	WITHHOLDING TYPE:	1.	WITHHOLDING			1.	WITHHOLDING T		
	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) SSN	Ζ.	EMPLOYER/PAY ID NUMBER (FEI			Ζ.	EMPLOYER/PAY		
3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3.	EMPLOYER/PA	YER STATE W	ITHHOLDING ID	3.	EMPLOYER/PA	YER STATE WI	THHOLDING ID
4.	GA WAGES / INCOME	4.	GA WAGES / IN	COME		4.	GA WAGES / IN	COME	
5.	GA TAX WITHHELD	5.	GA TAX WITHHI	ELD		5.	GA TAX WITHH	ELD	
23.	Georgia Income Tax Withheld on Wage	s an	d 1099s		23.				1975
	(Enter Tax Withheld Only and include W-2s	and	/or 1099s)						
24.	Other Georgia Income Tax Withheld (Must include G2-A, G2-FL, G2-LP and/or G	G2-R	P)		. 24.				
25.	Estimated Tax paid for 2022 and Form I	T-56	0		. 25.				
26.	Schedule 2B Refundable Tax Credits (Cannot be claimed unless filed electron				26.				
27.	Total prepayment credits (Add Lines 23, 2	24, 2	5 and 26)		27.				1975
28.	If Line 22 exceeds Line 27, subtract Line balance due				· 28.				
29.	If Line 27 exceeds Line 22, subtract Line	22 fr	om Line 27 and	enter	20.				
	overpayment				29.				223
30.	Amount to be credited to 2023 ESTIMA	TE	О ТАХ		30.				0
31.	Georgia Wildlife Conservation Fund (No	gift	of less than \$1.	00)	31.				
32.	Georgia Fund for Children and Elderly (I	No g	ift of less than	\$1.00)	32.				
33.	Georgia Cancer Research Fund (No gift	t of l	ess than \$1.00)		33.				
34.	Georgia Land Conservation Program (No	o gif	t of less than \$*	1.00)	34.				
35.	Georgia National Guard Foundation (No	gift	of less than \$1.	00)	35.				
36.	Dog & Cat Sterilization Fund (No gift of I	less	than \$1.00)		36.				
37.	Saving the Cure Fund (No gift of less th	nan S	51.00)		37.				
38.	Realizing Educational Achievement Can Hap (No gift of less than \$1.00)	open		m	38.				

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Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue 2022	2300411554	<b>YOUR SOCIAL SECURITY N</b> 799-40-4964	NUMBER
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39. Public Safety Memorial Grant (No gift of less than \$1.	<b>00)</b> 39.		
40. Form 500 UET (Estimated tax penalty) 500 UET e	xception attached 40.		
41. Penalty: Late Payment and/or Late Filing	41.		
42. Interest			
43. (If you owe) Add Lines 28, 31 thru 42 MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT Mail To: GEORGIA DEPARTMENT OF REVENUE PRO PO BOX 740399 ATLANTA, GA 30374-0399	ſ OF REVENUE,		
44. (If you are due a refund) Subtract the sum of Lines 30 the THIS IS YOUR REFUND Refund Due Mail To: GEORGIA DEPARTMENT OF REVE PO BOX 740380 ATLANTA, GA 30374-0380			223
If you do not enter Direct Deposit information or if		you will be issued a paper check.	
44a. Direct Deposit (U.S. Accounts Only) Type: Checking X Sa Routing Number 061000052	vings Account Number २२२	4054669684	
Mail pages 1-5 and any applicable sche I/We declare under the penalties of perjury that I/We have examined this r and belief, it is true, correct, and complete. If prepared by a person other Taxpayer's Signature (Check box if deceased)	eturn (including accompanying sc than the taxpayer(s), this declarat	hedules and statements) and to the best of my/our ion is based on all information of which the preparer ure (Check box if deceased)	
Taxpayer's Date of Death	Spouse's Date o	I Death	
	Phone Number 1-1523	Spouse's Signature Date	
By providing my e-mail address I am authorizing the Georgia Departr my account(s). Taxpayer's E-mail Address	nent of Revenue to electronically	notify me at the below e-mail address regarding any	updates to
		I authorize DOR to discu with the named prepare	
SYAM PRIYA RAM SAGAR GUPTA TALLAM Signature of Preparer		Preparer's Phone Number 678–965–9522	
Name of Preparer Other Than Taxpayer SYAM PRIYA RAM SAGAR GUPT	I	Preparer's FEIN 84–3171965	
Preparer's Firm Name GLOBAL TAXES LLC		Preparer's SSN/PTIN/SIDN P02082703	

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