





Georgia Form 500 (Rev. 06/22/22) Individual Income Tax Return Georgia Department of Revenue 2022 (Approved software version)

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Fiscal Year Beginning	STATE ISSUED						
Fiscal Year Ending	YOUR DRIVER'S LICENSE/STATE ID						
YOUR FIRST NAME 1. GAYATHRI		МІ	YOUR SOCIAL SI	ECURITY NUMBER			
LAST NAME (For Name Change See IT-5' VELLANKI	11 Tax Booklet)		SL	JFFIX			
SPOUSE'S FIRST NAME		МІ	SPOUSE'S SOCI	AL SECURITY NUME	BER	DEPARTMEN	IT USE ONLY
LAST NAME			su	IFFIX			
ADDRESS (NUMBER AND STREET or P.O. BO) 2. 1633 HOMESTEAD TRL	() (Use 2nd address lin	e for Apt,	Suite or Building N	Number) CHECK IF AI	DDRESS HAS CHANGED		
CITY (Please insert a space if the city has mult 3. ALPHARETTA	iple names)		state GA	ZIP CODE 30004			
(COUNTRY IF FOREIGN)							
4. Enter your Residency Status with the ap	propriate number	·· ·····				esidency Status4.	1
1. FULL- YEAR RESIDENT 2. PART- YEAR RESIDENT	DENT		то			3. NONRE	ESIDENT
Omit Lines 9 thru 14 and use Fo	rm 500 Schedu	le 3 if y	ou are a par	t-year or nonre	esident filer.	Filing Status	
5. Enter Filing Status with appropriate le	tter (See IT-511	Гах Book	(let)			•	A
A. Single B. Married filing joint C. Married filing so	eparate (Spouse's socia	al security	number must be en	tered above) D. Head	of Household or Qua	alifying Survi	ving Spouse
6. Number of exemptions (Check appro	priate box(es) and	enter to	otal in 6c.) 6	a. Yourself X	6b. Spouse	6c.	1

7a. Number of Dependents (Enter details on Line 7b., and DO NOT include yourself or your spouse).....

7a.



7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents)

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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 i	າegative, use the minus sign (-). Eາ	cample -3456.	
	m Federal Form 1040) ICOME) If the amount on Line 8 is \$40 our Federal Form 1040 Pages 1, 2, an	,000 or more, or your gross	7500 income is less than your
9. Adjustments from Form 500 Schedu	ıle 1 (See IT-511 Tax Booklet)	9.	
10. Georgia adjusted gross income (Net	total of Line 8 and Line 9)	10.	7500
 Standard Deduction (Do not use FEI (See IT-511 Tax Booklet) 	DERAL STANDARD DEDUCTION)	11a.	5400
b. Self: 65 or over? Blind?	Total x 1,300=	11b.	
Spouse: 65 or over? Blind? c. Total Standard Deduction (Line 1 Use EITHER Line 11c OR Line 12c	1a + Line 11b)(Do not write on both lines)	11c.	5400
12. Total Itemized Deductions used in con	nputing Federal Taxable Income. If you	use itemized deductions, you	must include Federal Schedule A
a. Federal Itemized Deductions (Sc	chedule A- Form 1040)	12a.	
b. Less adjustments: (See IT-511 T	ax Booklet)	12b.	
c. Georgia Total Itemized Deductions	3	12c.	
13 Subtract either Line 11c or Line 12c	from Line 10: enter halance	12	2100



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2700

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or multiply by \$3,700 for filing status B or C

14a. Enter the number from Line 6c. $\,1\,$ Multiply by \$2,700 for filing status A or D $\,$ 14a.

14b.	Enter the number from Line 7a. Multip	ply by	<i>t</i> \$3,000		14b.				
14c.	Add Lines 14a. and 14b. Enter total				14c.				2700
	Income before GA NOL (Line 13 less Line Georgia NOL utilized (Cannot exceed Line	e 15a	or the amount	after	15a.				-600
	applying the 80% limitation, see IT-511 T	ax Bo	ooklet for more	information).	15b.				
15c.	Georgia Taxable Income (Line 15a less Li	ne 15	5b)		15c.				-600
16.	Tax (Use Tax Rate Schedule in the IT-51	1 Tax	Booklet)		16.				0
17.	Low Income Credit 17a. 1	17b.	20		17c.				0
18.	Other State(s) Tax Credit (Include a copy	of th	e other state(s)	return)	18.				
19. Credits used from IND-CR Summary Worksheet									
20.	Total Credits Used from Schedule 2 Ge electronically)	orgia	a Tax Credits (must be file	d 20.				
21.	Total Credits Used (sum of Lines 17-20) cannot	t exce	ed Line 16		21.				0
22.	Balance (Line 16 less Line 21) if zero or le	ss th	an zero, enter z	ero	22.				0
GA	COME STATEMENT DETAILS Only enter in Wages/Income. For other income statemer or for Form G2-FL enter zero.								
	(INCOME STATEMENT A)		(INCOME STATE	EMENT B)			(INCOME STATE	MENT C)	
1.	WITHHOLDING TYPE:	1.	WITHHOLDING			1.	WITHHOLDING T		
	X W-2 G2-A G2-LP 1099 G2-FL G2-RP		W-2 1099	G2-A G2-FL	G2-LP G2-RP		W-2 1099	G2-A G2-FL	G2-LP G2-RP
2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) X SSN	2.		ER FEDERAL	02-N	2.		ER FEDERAL	02 -10
	580965786								
3.	EMPLOYER/PAYER STATE WITHHOLDING ID 5651984PZ	3.	EMPLOYER/PAY	'ER STATE WI	THHOLDING ID	3.	EMPLOYER/PAYE	ER STATE WIT	HHOLDING ID
4.	GA WAGES / INCOME 7500	4.	GA WAGES / INC	COME		4.	GA WAGES / INC	OME	

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

5. GA TAX WITHHELD

This Page (3) is required for processing

REV 01/03/23 PRO

22

01 1555 115 2022 GA 004 T1

5. GA TAX WITHHELD

5. GA TAX WITHHELD

230



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ID

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	(INCOME STATE	MENT D)			(INCOME STAT	EMENT E)			(INCOME STATI	EMENT F)	
1.	WITHHOLDING	TYPE:		1.	WITHHOLDING	TYPE:		1.	WITHHOLDING	TYPE:	
	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/PAY ID NUMBER (FEI			2.	EMPLOYER/PA		AL SN	2.	EMPLOYER/PAY		
3.	EMPLOYER/PAY	ER STATE W	/ITHHOLDING ID	3.	EMPLOYER/PA	YER STATE	WITHHOLDING ID	3.	EMPLOYER/PA	YER STATE V	WITHHOLDING I
4.	GA WAGES / INC	COME		4.	GA WAGES / IN	COME		4.	GA WAGES / IN	COME	
5.	GA TAX WITHHE	ELD		5.	GA TAX WITHH	ELD		5.	GA TAX WITHH	ELD	
23.	Georgia Incor (Enter Tax Wit		nheld on Wage				23.				230
24.	Other Georgi (Must include		ax Withheld ., G2-LP and/or				24.				
25.	Estimated Ta	x paid for 20	022 and Form	T-560)		25.				
26.	Schedule 2B F (Cannot be cl		Tax Credits ss filed electror				26.				
27.	Total prepaym	ent credits	(Add Lines 23,	24, 2	5 and 26)		27.				230
28.	If Line 22 exc		7, subtract Line				28.				
29.	If Line 27 exc		2, subtract Line								230
30.	Amount to be	e credited t	o 2023 ESTIM	ATED	TAX		30.				0
31.	Georgia Wildl	life Conserv	ation Fund (No	gift	of less than \$1	.00)	31.				
32.	Georgia Fund	d for Childre	en and Elderly (No gi	ft of less than	\$1.00)	32.				
33.	Georgia Can	cer Researd	ch Fund (No gif	t of le	ss than \$1.00)	33.				
34.	Georgia Land	Conservati	on Program (N	o gift	of less than \$	1.00)	34.				
35.	Georgia Natio	onal Guard F	oundation (No	gift c	of less than \$1	.00)	35.				
36.	Dog & Cat Sto	erilization F	und (No gift of	less	than \$1.00)		36.				
37.	Saving the Cu	ure Fund (N	o gift of less t	han \$	1.00)		37.				
38.	Realizing Educ		evement Can Ha	ppen (REACH) Progra	am	38.				



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 Public Safety Memorial Grant 	(No gift of less than \$1.0	0) 39.	
40. Form 500 UET (Estimated ta	ax penalty) 500 UET ex	ception attached 40.	
41. Penalty: Late Payment and/o	r Late Filing	41.	
42. Interest		42.	
43. (If you owe) Add Lines 28, MAKE CHECK PAYABLE TO Mail To: GEORGIA DEPARTI PO BOX 740399 ATLANTA, 0	GEORGIA DEPARTMENT MENT OF REVENUE PROC	OF REVENUE,	
44. (If you are due a refund) Subt	ract the sum of Lines 30 thru	ı 42 from Line 29	
THIS IS YOUR REFUND		44.	230
Refund Due Mail To: GEORGIA PO BOX 740380 ATLANTA, GA		NUE PROCESSING CENTER,	
If you do not enter Direct D	eposit information or if y	you are a first time filer you will be	issued a paper check.
44a. Direct Deposit (U.S. Accounts Only)	Type: Checking X Savi	ings	
Routing Number 061000052		Account Number 33407023	3051
Taxpayer's Signature (Check box if deceased)	Spouse's Signature	(Check box if deceased)
Taxpayer's Date of Death		Spouse's Date of Death	
Taxpayer's Signature Date	Taxpayer's I 678-670	Phone Number 0-3360	Spouse's Signature Date
By providing my e-mail address I am a my account(s).	authorizing the Georgia Departme	ent of Revenue to electronically notify me at th	e below e-mail address regarding any updates to
Taxpayer's E-mail Address			
			I authorize DOR to discuss this return with the named preparer.
SYAM PRIYA RAM SAGAI	R GUPTA TALLAM		
Signature of Preparer		678-90	with the named preparer. Phone Number 55-9522
	Taxpayer		with the named preparer. Phone Number 55-9522 FEIN