

FORM 40NR Alabama 2022 Individual Income Tax Return NONRESIDENTS ONLY



Your social security number 882-29-9782

Spouse's SSN if joint return

Check if primary is deceased Primary's deceased date (mm/dd/yyyy)

Check if spouse is deceased Spouse's deceased date (mm/dd/yyyy)

Your first name YASHWANTH Initial Last name VARRE

Spouse's first name Initial Last name

Present home address (number and street or P.O. Box number) 6125 ROSWELL ROAD 502

CHECK BOX IF AMENDED RETURN

City, town, or post office SANDY SPRINGS State ZIP code GA 30328

Check if address is outside U.S. Foreign Country

Filing Status/ 1 X \$1,500 Single 3 \$1,500 Married filing separate. Complete Spouse SSN NRA

Exemptions 2 \$3,000 Married filing joint 4 \$3,000 Head of Family (with qualifying person). Complete Schedule HOF.

|    |  | A - Alabama Tax Withheld | B - All Sources | C - Alabama Income |
|----|--|--------------------------|-----------------|--------------------|
| 5  | Wages, salaries, tips, etc. (From Schedule W-2, line 18, columns G, H, and I.) (Include spouse's income if married filing joint.)  | 1,049                    | 36,660          | 26,060             |
| 6  | Other income (from page 2, Part I, line 9)   |                          | 57              | 0                  |
| 7  | <b>Total income.</b> Add amounts in col. B then add amounts in col. C, lines 5 and 6   |                          | 36,717          | 26,060             |
| 8  | Adjustments to income (from page 2, Part II, line 8)   |                          |                 |                    |
| 9  | <b>Adjusted total income.</b> Subtract line 8 from line 7  |                          | 36,717          | 26,060             |
| 10 | Alabama percentage of adjusted total income. Divide line 9, col. C, by line 9, col. B (not over 100%)  |                          |                 | 70.98%             |
| 11 | Other Adjustments (from page 2, Part III, line 4 and line 6)   |                          |                 |                    |
| 12 | <b>Adjusted Gross Income.</b> Subtract line 11 from line 9   |                          | 36,717          | 26,060             |
| 13 | Check appropriate box. If you itemize, enter amount from Schedule A, line 30.<br>a Itemized Deductions b X Standard Deduction  |                          | 1,775           |                    |
| 14 | Federal Income Tax deduction (from page 2, Part IV, line 7)  |                          | 1,880           |                    |
| 15 | Personal exemption (multiply line 1, 2, 3, or 4 by percentage on line 10)  |                          | 1,065           |                    |
| 16 | Dependent exemption (from page 2, Part V, line 4)  |                          |                 |                    |
| 17 | <b>Total deductions.</b> Add lines 13, 14, 15, and 16  |                          |                 | 4,720              |
| 18 | <b>Taxable income.</b> Subtract line 17 from line 12, column C   |                          |                 | 21,340             |
| 19 | <b>Tax due.</b> Enter amount from tax table or check if from Form NOL-85A  |                          | 1,028           |                    |
| 20 | <b>Net tax due Alabama.</b> Check box if computing tax using Schedule OC, otherwise enter amount from line 19  |                          |                 | 1,028              |
| 21 | <b>Alabama Income Tax withheld</b> (from column A, line 5)   | 1,049                    |                 |                    |
| 22 | 2022 estimated tax payments/Automatic Extension Payment  |                          |                 |                    |
| 23 | Composite tax payments/Electing PTE credit (from Schedule CP, Section B, line 1)   |                          |                 |                    |
| 24 | Amended Returns Only - Previous payments (see instructions)  |                          |                 |                    |
| 25 | <b>Refundable Credits.</b> Enter the amount from the Schedule OC, Section F, line F4   |                          |                 |                    |
| 26 | <b>Total payments.</b> Add lines 21 through 25   |                          |                 | 1,049              |
| 27 | Amended Returns Only - Previous refund (see instructions)  |                          |                 |                    |
| 28 | <b>Adjusted total payments.</b> Subtract line 27 from line 26  |                          |                 | 1,049              |
| 29 | If line 20 is larger than line 28, subtract line 28 from line 20, and enter <b>AMOUNT YOU OWE.</b> Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.) |                          |                 |                    |
| 30 | Estimated tax penalty. Also include on line 29 (see instructions)  |                          |                 |                    |
| 31 | If line 28 is larger than line 20, subtract line 20 from line 28 and enter <b>AMOUNT OVERPAID.</b>   |                          |                 | 21                 |
| 32 | Amount of line 31 to be applied to your 2023 estimated tax   |                          |                 |                    |
| 33 | <b>REFUNDED TO YOU.</b> Subtract line 32 from line 31  |                          |                 | 21                 |

I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer. Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here In Black Ink Keep a copy of this return for your records. Your Signature Date Daytime Telephone Number Occupation (201) 360-1325 SOFTWARE DEVELOPER Spouse's Signature (if joint return, BOTH must sign) Date Daytime Telephone Number Spouse's Occupation Preparer's Signature Date 03/05/2023 Check if Self-employed Preparer's SSN or PTIN E.I. Number P02082703 84-3171965 Firms Name (or yours if self employed) GLOBAL TAXES LLC Daytime Telephone No. (678) 965-9522 ZIP Code 08816 Address 245 ROONEY CT

MAIL FORM 40NR TO: SEE INSTRUCTIONS



|  |  | B – All Sources  |  | C – Alabama Income                        |  |        |
|--|--|--|--|---|--|--------|
| <b>PART I</b>  | 1 Interest and dividend income (attach Schedule B if over \$1500.00) .....   | 1 ●  | 57                                       | 1 ●                                       | 0  |        |
|  | 2 Alimony received .....   | 2 ●  |  |   |  |        |
|  | 3 Taxable portion of pensions and annuities (see instructions) .....   | 3 ●  |  |   |  |        |
|  | 4 Business income or (loss) (attach Federal Schedule C) (see instructions) .....   | 4 ●  |  | 4 ●                                       |  |        |
|  | <b>Other Income</b>  | 5 Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D) .....   | 5 ●                                      |   | 5 ●  |        |
|  | (See instructions)   | 6 Rents, Royalties, Partnerships, Estates, Trusts, etc. (attach Schedule E) .....  | 6 ●                                      |   | 6 ●  |        |
|  |  | 7 Farm income or (loss) (attach Federal Schedule F) (see instructions) .....   | 7 ●                                      |   | 7 ●  |        |
|  |  | 8 Other income (state nature and source) .....   | 8 ●                                      |   | 8 ●  |        |
|  |  | 9 <b>Total other income.</b> Add lines 1 through 8, column B, and lines 1, 4 through 8, column C.<br>Enter here and also on page 1, line 6 ..... | 9 ●                                      | 57  | 9 ●  | 0      |
| <b>PART II</b>   | 1 IRA deduction, Keogh retirement plan, and self-employed SEP deduction .....  | 1 ●  |  | 1 ●                                       |  |        |
|  | 2 Penalty on early withdrawal of savings .....   | 2 ●  |  |   |  |        |
|  | 3 Moving Expenses (Attach Federal Form 3903) .....   |  |  |   |  |        |
|  | Place of new employment: .....   | 3 ●  |  | 3 ●                                       |  |        |
|  | <b>Adjustments to Income</b>   | 4 Self-employed health insurance deduction .....   | 4 ●                                      |   | 4 ●  |        |
|  | (See instructions)   | 5 Payments to Alabama College Counts 529 Fund or Alabama PACT program .....  | 5 ●                                      |   | 5 ●  |        |
|  |  | 6 Firefighter's Insurance Premiums .....   | 6 ●                                      |   | 6 ●  |        |
|  |  | 7 Contributions to an Achieving a Better Life Experience (ABLE) savings account .....  | 7 ●                                      |   | 7 ●  |        |
|  | 8 <b>Adjustments to income.</b> Add lines 1 through 7, Column B, and lines 1, 3 through 7, Column C.<br>Enter here and also on page 1, line 8, columns B and C .....   | 8 ●  |  | 8 ●                                       |  |        |
| <b>PART III</b>  | 1 Alimony Paid .....   | 1 ●  |  |   |  |        |
|  | 2 Adoption Expenses .....  | 2 ●  |  |   |  |        |
|  | <b>Other Adjustments</b>   | 3 Health insurance deduction for small employer employee .....   | 3 ●                                      |   |  |        |
|  | (See instructions)   | 4 Add lines 1 through 3, enter here and on page 1, line 11, column B .....   | 4 ●                                      |   |  |        |
|  |  | 5 Enter the percentage from page 1, line 10 .....  | 5 ●                                      | 70.98%                                    |  |        |
|  |  | 6 Multiply line 4 by line 5. Enter here and also page 1, line 11, column C .....   | 6 ●                                      |   |  |        |
| <b>PART IV</b>   | If you are filing separately on your Alabama return and jointly on your Federal return, complete all lines below. Otherwise, omit lines 1 through 3.   |  | <b>B – Federal Adjusted Gross Income</b> |   | <b>C – Alabama Federal Tax Deduction Computation</b> |        |
|  | <b>Federal Income Tax Deduction</b>  | 1 Your joint federal adjusted gross income .....   | 1 ●                                      |   |  |        |
|  | (See instructions)   | 2 Your federal adjusted gross income .....   | 2 ●                                      |   |  |        |
|  |  | 3 Divide line 2 by line 1. Enter percentage here .....   |  |   | 3 ●  | %      |
|  |  | 4 Enter the Federal Income Tax Liability from worksheet (see instructions) .....   |  |   | 4 ●  | 2,648  |
|  |  | 5 If you completed lines 1 through 3 above, multiply line 4 by the percentage from line 3 .....  |  |   | 5 ●  |        |
|  |  | 6 Enter the percentage from page 1, line 10 .....  |  |   | 6 ●  | 70.98% |
|  | 7 If you completed lines 1-3 above, multiply line 5 by percentage on line 6. Otherwise, multiply line 4 by percentage on line 6 .....  |  |  | 7 ●                                       | 1,880  |        |
| <b>PART V</b>  | 1 Total number of dependents from Schedule DS, line 1b .....   | 1 ●  |  |   |  |        |
|  | <b>Dependents</b>  | 2 Multiply total number of dependents claimed on line 1 by the amount on the dependent chart in the instructions .....                           | 2 ●                                      |   |  |        |
|  |  | 3 Enter the percentage from page 1, line 10 of your return .....   | 3 ●                                      |   | 3 ●  | 70.98% |
|  |  | 4 Dependent exemption allowable. Multiply the amount on line 2 by the percentage on line 3. Enter here and on page 1, line 16 .....              | 4 ●                                      |   |  |        |
| <b>PART VI</b>   | <b>General Information</b>   |  |  |   |  |        |
|  | 1 Name of state of which you were a legal resident in 2022 <u>GA</u>   |  |  |   |  |        |
|  | 2 Did you file a return with that state for 2022? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason why: _____   |  |  |   |  |        |
|  | 3 If married, did your spouse receive a separate income for 2022? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is your spouse filing a separate Alabama return? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, enter name here. _____ |  |  |   |  |        |
| <b>All Taxpayers Must Complete This Section</b>  |  |  |  |   |  |        |
| 4 Did you file an Alabama return for 2021? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason why: _____          |  |  |  |   |  |        |
| 5 Give name and address of your present employer(s). Yours: <u>IT RESOURCES INC 220 CONTINENTAL DR STE#104 NEWARK DE 19713</u><br>Your Spouse's: _____ |  |  |  |   |  |        |
| (See instructions)   | 6 Enter the Adjusted Gross Income reported on your 2022 Federal Individual Income Tax Return .....   | 6 ●  |  |   | 36,717   |        |
| <b>Drivers License Info</b>  | DOB (mm/dd/yyyy) ● <u>XX/XX/XXXX</u>   | Your state ● <u>XX</u>   | DL# ● <u>XXXXXXXX</u>                    | Iss date (mm/dd/yyyy) ● <u>XX/XX/XXXX</u> | Exp date (mm/dd/yyyy) ● <u>XX/XX/XXXX</u>            |        |
|  | DOB (mm/dd/yyyy) ● _____   | Spouse state ● _____   | DL# ● _____                              | Iss date (mm/dd/yyyy) ● _____             | Exp date (mm/dd/yyyy) ● _____                        |        |



Alabama Department of Revenue  
**Wages, Salaries, Tips, etc.**

*Schedule W-2 must be completed fully and included with your return in order to receive proper credit for your Alabama income tax withheld. Attach a copy of all withholding statements to your return.*

NAME(S) AS SHOWN ON TAX RETURN  
YASHWANTH VARRE

PRIMARY'S SOCIAL SECURITY NO. SPOUSE'S SOCIAL SECURITY NO.  
882-29-9782

| A                                 | B   | C                          | D                          | E          | F                                  | G                                 | H                                 | I  | J                                       |
|-----------------------------------|---|----------------------------|----------------------------|------------|------------------------------------|-----------------------------------|-----------------------------------|--|---|
| Employee's Social Security Number | Employer's Identification Number (EIN)  | Statutory Employee         | Schedule C/C-EZ Filed?     | State Code | Alabama Employer's State ID Number | Alabama State Income Tax Withheld | Federal Wages (Box 1 of Form W-2) | Alabama State Wages (Box 16 of Form W-2) | Additional Taxable Wages - Other States |
| 1 • 882-29-9782                   | • 454313691   | • <input type="checkbox"/> | • <input type="checkbox"/> | • AL       | • 9803238                          | • 1,049                           | •                                 | • 26,060                                 | •                                       |
| 2 • 882-29-9782                   | • 454313691   | • <input type="checkbox"/> | • <input type="checkbox"/> | • OS       | •                                  | •                                 | • 36,660                          | •  | • 10,600                                |
| 3 •                               | •   | • <input type="checkbox"/> | • <input type="checkbox"/> | •          | •                                  | •                                 | •                                 | •  | •                                       |
| 4 •                               | •   | • <input type="checkbox"/> | • <input type="checkbox"/> | •          | •                                  | •                                 | •                                 | •  | •                                       |
| 5 •                               | •   | • <input type="checkbox"/> | • <input type="checkbox"/> | •          | •                                  | •                                 | •                                 | •  | •                                       |
| 6 •                               | •   | • <input type="checkbox"/> | • <input type="checkbox"/> | •          | •                                  | •                                 | •                                 | •  | •                                       |
| 7 •                               | •   | • <input type="checkbox"/> | • <input type="checkbox"/> | •          | •                                  | •                                 | •                                 | •  | •                                       |
| 8 •                               | •   | • <input type="checkbox"/> | • <input type="checkbox"/> | •          | •                                  | •                                 | •                                 | •  | •                                       |
| 9 •                               | •   | • <input type="checkbox"/> | • <input type="checkbox"/> | •          | •                                  | •                                 | •                                 | •  | •                                       |
| 10 •                              | •   | • <input type="checkbox"/> | • <input type="checkbox"/> | •          | •                                  | •                                 | •                                 | •  | •                                       |
| 11 •                              | •   | • <input type="checkbox"/> | • <input type="checkbox"/> | •          | •                                  | •                                 | •                                 | •  | •                                       |
| 12 •                              | •   | • <input type="checkbox"/> | • <input type="checkbox"/> | •          | •                                  | •                                 | •                                 | •  | •                                       |
| 13 •                              | •   | • <input type="checkbox"/> | • <input type="checkbox"/> | •          | •                                  | •                                 | •                                 | •  | •                                       |
| 14 •                              | •   | • <input type="checkbox"/> | • <input type="checkbox"/> | •          | •                                  | •                                 | •                                 | •  | •                                       |
| 15 •                              | •   | • <input type="checkbox"/> | • <input type="checkbox"/> | •          | •                                  | •                                 | •                                 | •  | •                                       |
| 16                                | TOTAL ALABAMA TAX WITHHELD FROM W-2s. Total lines 1-15, Column G and enter the amount here . . .  |                            |                            |            |                                    | • 1,049                           |                                   |  |   |
| 17                                | ALABAMA TAX WITHHELD FROM 1099s AND W-2Gs. Enter the total Alabama Income Tax Withheld from all Form 1099s and Form W-2Gs received. See instructions on where to report the income from these statements. . . . . |                            |                            |            |                                    | • 0                               |                                   |  |   |
| 18                                | TOTAL WAGES AND TOTAL ALABAMA TAX WITHHELD FROM W-2s, 1099s, AND W-2Gs. See instructions. . . . .   |                            |                            |            |                                    | • 1,049                           | • 36,660                          | • 26,060                                 | • 10,600                                |

**THIS SCHEDULE CAN ONLY BE SUBMITTED AND/OR PRINTED VIA LANDSCAPE**

|  |                           |
|--|---------------------------|
| Your first name and initial<br><b>YASHWANTH</b>  | Last name<br><b>VARRE</b> |
| If a joint return, spouse's first name and initial   | Last name                 |
| Home address (number and street). If a P.O. Box, see instructions.<br><b>6125 ROSWELL ROAD</b> | Apt. no.<br><b>502</b>    |
| City, town or post office, state, and ZIP code<br><b>SANDY SPRINGS GA 30328</b>                |                           |

|   |
|---|
| Your social security number<br><b>8 8 2 : 2 9 : 9 7 8 2</b> |
| Spouse's soc. sec. no. if joint return<br>:                 |
| Telephone number (optional)<br><b>(201) 360-1325</b>        |

| Part I   |  |        |
|--|--|--------|
| <b>Tax Return Information</b><br>(Whole dollars only.) | 1 Alabama taxable income (Form 40, line 16 or Form 40NR, line 18) . . . . .            | 21,340 |
|  | 2 Total tax liability (Form 40, line 21) or Net tax due (Form 40NR, line 20) . . . . . | 1,028  |
|  | 3 Total payments (Form 40, line 27 or Form 40NR, line 26) . . . . .                    | 1,049  |
|  | 4 Refund (Form 40, line 35 or Form 40NR, line 33) . . . . .                            | 21     |
|  | 5 Amount you owe (Form 40, line 30 or Form 40NR, line 29) . . . . .                    |        |

**Part II Refund and Payment Information**

1 Routing number: 

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| 0 | 2 | 1 | 2 | 0 | 0 | 3 | 3 | 9 |
|---|---|---|---|---|---|---|---|---|

2 Account number: 

|   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|
| 3 | 8 | 1 | 0 | 6 | 0 | 1 | 1 | 5 | 5 | 3 | 1 |  |  |  |  |
|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|

3 Type of account:  Checking  Savings

4 Type of transaction:  Direct Deposit  Direct Debit

5  Paper Check (Check this box to have your refund issued by a paper check.)

**Part III Declaration of Taxpayer**  
(Sign only after Part I is completed.)

Under penalties of perjury, I declare that I have compared the information contained on my return with the information I have provided to my electronic return originator and that the amounts described in Part 1 above agree with the amounts shown on the corresponding lines of my 2022 Alabama individual income tax return. To the best of my knowledge and belief, this return, including any accompanying schedules and statements, is true, correct, and complete. Also, I hereby authorize the Alabama Department of Revenue to disclose to my ERO described below, any information concerning the disbursement of the refund requested or any problems encountered in the processing of my return.

I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.

**Sign Here**

|                         |               |   |               |
|-------------------------|---------------|---|---------------|
| _____<br>Your signature | _____<br>Date | _____<br>Spouse's signature. If a joint return, BOTH must sign. | _____<br>Date |
|-------------------------|---------------|---|---------------|

**Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer**  
(See instructions.)

I declare that I have reviewed the above taxpayer's Alabama individual income tax return and that the entries on this form are complete and correctly represented based on all information of which I have any knowledge. I also declare that I have followed all other requirements described in IRS PUB. 1345, Revenue Procedures for Electronic Filing of Individual Income Tax Returns (Tax Year 2022), and the Alabama Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2022). By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the **Alabama Department of Revenue**, as applicable by law. **If I am also the paid preparer, under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.**

**ERO's Use Only**

|   |                     |  |                 |
|---|---------------------|--|-----------------|
| ERO's signature   | Date<br>03/05/2023  | Check if also paid preparer <input type="checkbox"/> | Preparer's PTIN |
| Firm's name (or yours if self-employed) and address<br>GLOBAL TAXES LLC<br>245 ROONEY CT E BRUNSWICK NJ | E.I. No. 88-2145487 | ZIP Code 08816                                       |                 |

**Paid Preparer's Use Only**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

|  |                     |   |                              |
|--|---------------------|---|------------------------------|
| Preparer's signature   | Date<br>03/05/2023  | Check if self-employed <input type="checkbox"/> | Preparer's PTIN<br>P02082703 |
| Firm's name (or yours if self-employed) and address<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM<br>245 ROONEY CT E BRUNSWICK NJ | E.I. No. 84-3171965 | ZIP Code 08816                                  |                              |

**DO NOT MAIL TO ALABAMA DEPT. OF REVENUE**

## Income Worksheet

**2022**

|  |                                       |
|--|---------------------------------------|
| Name as Shown on Return<br>YASHWANTH VARRE | Social Security Number<br>882-29-9782 |
|--|---------------------------------------|

**Wages, Salaries, Tips, Etc for Line 5 of Form 40/40NR**

Special Type Indicator (X = Income will not be included in your return)  
Check this box to exclude income from your Alabama return.

Check this box if you are excluding income and plan to attempt to electronically file your return.

**NOTE: Part-year** residents may use this worksheet to remove non Alabama source income. Resident and Non-Resident returns may be rejected during electronic filing if you exclude income by marking boxes in the # column.

| Payer's name           | #                        | State name | Gross earnings | Alabama wages | Alabama tax withheld |
|------------------------|--------------------------|------------|----------------|---------------|----------------------|
| IT RESOURCES INC       | <input type="checkbox"/> | AL         | 26,060.        | 26,060.       | 1,049.               |
| IT RESOURCES INC       | <input type="checkbox"/> | GA         | 10,600.        | 0.            |                      |
|                        | <input type="checkbox"/> |            |                |               |                      |
|                        | <input type="checkbox"/> |            |                |               |                      |
|                        | <input type="checkbox"/> |            |                |               |                      |
|                        | <input type="checkbox"/> |            |                |               |                      |
|                        | <input type="checkbox"/> |            |                |               |                      |
|                        | <input type="checkbox"/> |            |                |               |                      |
|                        | <input type="checkbox"/> |            |                |               |                      |
|                        | <input type="checkbox"/> |            |                |               |                      |
|                        | <input type="checkbox"/> |            |                |               |                      |
|                        | <input type="checkbox"/> |            |                |               |                      |
|                        | <input type="checkbox"/> |            |                |               |                      |
|                        | <input type="checkbox"/> |            |                |               |                      |
|                        | <input type="checkbox"/> |            |                |               |                      |
|                        | <input type="checkbox"/> |            |                |               |                      |
|                        | <input type="checkbox"/> |            |                |               |                      |
|                        | <input type="checkbox"/> |            |                |               |                      |
|                        | <input type="checkbox"/> |            |                |               |                      |
|                        | <input type="checkbox"/> |            |                |               |                      |
|                        | <input type="checkbox"/> |            |                |               |                      |
|                        | <input type="checkbox"/> |            |                |               |                      |
|                        | <input type="checkbox"/> |            |                |               |                      |
| <b>Total</b> . . . . . |                          |            | 36,660.        | 26,060.       | 1,049.               |

**Other Income for Form 40/40NR**

# Special Type Indicator (X = Income will not be included in your return)  
Check this box to exclude income from your Alabama return.

| Description            | #                        | Total amount | Alabama amount |
|------------------------|--------------------------|--------------|----------------|
|                        | <input type="checkbox"/> |              |                |
|                        | <input type="checkbox"/> |              |                |
|                        | <input type="checkbox"/> |              |                |
|                        | <input type="checkbox"/> |              |                |
|                        | <input type="checkbox"/> |              |                |
|                        | <input type="checkbox"/> |              |                |
|                        | <input type="checkbox"/> |              |                |
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|                        | <input type="checkbox"/> |              |                |
|                        | <input type="checkbox"/> |              |                |
|                        | <input type="checkbox"/> |              |                |
|                        | <input type="checkbox"/> |              |                |
|                        | <input type="checkbox"/> |              |                |
|                        | <input type="checkbox"/> |              |                |
|                        | <input type="checkbox"/> |              |                |
|                        | <input type="checkbox"/> |              |                |
|                        | <input type="checkbox"/> |              |                |
|                        | <input type="checkbox"/> |              |                |
|                        | <input type="checkbox"/> |              |                |
|                        | <input type="checkbox"/> |              |                |
|                        | <input type="checkbox"/> |              |                |
|                        | <input type="checkbox"/> |              |                |
| <b>Total</b> . . . . . |                          |              |                |



**INSTRUCTIONS FOR INDIVIDUAL AND FIDUCIARIES ESTIMATED TAX (500ES)**

**WHO MUST FILE ESTIMATED TAX.** Each individual or fiduciary subject to Georgia income tax who reasonably expects to have gross income during the year which exceeds (1) personal exemption, plus (2) credit for dependents, plus (3) estimated deductions, plus (4) \$1,000 of income not subject to withholding.

**EXCEPTION.** Estimated tax is not required if, under an agreement between the employer and the employee, additional tax is withheld to cover income that normally would require estimated tax to be filed. Individuals whose gross income from farming or fishing is at least two thirds of the total gross income from all sources may: (a) file as other taxpayers or (b) file their return by March 1 and pay the full amount of tax due by that date. Fiduciaries shall not be required to pay estimated tax with respect to any taxable year ending before the date two years after the date of the decedent's death in the case of:

1. The estate of such decedent; or
2. A testamentary trust as defined in IRC Section 6654(l)(2)(B).

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 Blind ..... \$1,300

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**Payment should be mailed to:  
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**PLEASE DO NOT STAPLE. PLEASE REMOVE ALL ATTACHED CHECK STUBS.**

Cut along dotted line

**500 ES** (Rev. 06/21/22)  
**Individual and Fiduciary Estimated Tax  
 Payment Voucher**



2350011511

**Individual or Fiduciary Name and Address:**

VARRE, YASHWANTH  
 6125 ROSWELL ROAD  
 APT NO 502  
 SANDY SPRING GA 30328

Calendar Year **2023**

or Fiscal Year Ending \_\_\_\_\_ **TYPE OF RETURN:**  09-Individual  10-Fiduciary

| Taxpayer's SSN or Fiduciary FEIN | Spouse's SSN | Tax Year | Quarter | Due Date   | Vendor Code |
|----------------------------------|--------------|----------|---------|------------|-------------|
| 882-29-9782                      |              | 2023     | 1       | 04/15/2023 | 115         |

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PROCESSING CENTER  
 GEORGIA DEPARTMENT OF REVENUE  
 PO BOX 740319  
 ATLANTA GA 30374-0319

**Amount Paid \$** 236.00

50000882299782004152323109200000000011500000236008

REV 01/03/23 PRO

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**EXCEPTION.** Estimated tax is not required if, under an agreement between the employer and the employee, additional tax is withheld to cover income that normally would require estimated tax to be filed. Individuals whose gross income from farming or fishing is at least two thirds of the total gross income from all sources may: (a) file as other taxpayers or (b) file their return by March 1 and pay the full amount of tax due by that date. Fiduciaries shall not be required to pay estimated tax with respect to any taxable year ending before the date two years after the date of the decedent's death in the case of:

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**500 ES** (Rev. 06/21/22)  
**Individual and Fiduciary Estimated Tax  
 Payment Voucher**



2350011511

**Individual or Fiduciary Name and Address:**

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Calendar Year **2023**

or Fiscal Year Ending \_\_\_\_\_ **TYPE OF RETURN:**  09-Individual  10-Fiduciary

| Taxpayer's SSN or Fiduciary FEIN | Spouse's SSN | Tax Year | Quarter | Due Date   | Vendor Code |
|----------------------------------|--------------|----------|---------|------------|-------------|
| 882-29-9782                      |              | 2023     | 2       | 06/15/2023 | 115         |

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PROCESSING CENTER  
 GEORGIA DEPARTMENT OF REVENUE  
 PO BOX 740319  
 ATLANTA GA 30374-0319

**Amount Paid \$** 236.00

50000882299782006152323209200000000011500000236004

REV 01/03/23 PRO



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REV 01/03/23 PRO

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**500 ES** (Rev. 06/21/22)  
**Individual and Fiduciary Estimated Tax  
 Payment Voucher**



2350011511

**Individual or Fiduciary Name and Address:**

VARRE, YASHWANTH  
 6125 ROSWELL ROAD  
 APT NO 502  
 SANDY SPRING GA 30328

Calendar Year **2023**

or Fiscal Year Ending \_\_\_\_\_ **TYPE OF RETURN:**  09-Individual  10-Fiduciary

| Taxpayer's SSN or Fiduciary FEIN | Spouse's SSN | Tax Year | Quarter | Due Date   | Vendor Code |
|----------------------------------|--------------|----------|---------|------------|-------------|
| 882-29-9782                      |              | 2023     | 4       | 01/15/2024 | 115         |

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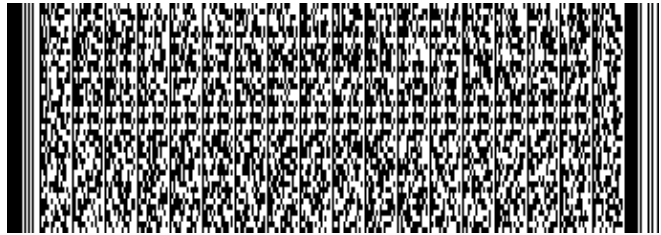
**Amount Paid \$** 236.00

50000882299782001152423409200000000011500000236004

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 GA ISSUED

Fiscal Year Ending

YOUR DRIVER'S LICENSE/STATE ID

071073936

YOUR FIRST NAME 1. YASHWANTH

MI YOUR SOCIAL SECURITY NUMBER 882-29-9782

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

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. 6125 ROSWELL ROAD

APT NO 502

CITY (Please insert a space if the city has multiple names) 3. SANDY SPRINGS

STATE ZIP CODE GA 30328

(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 X 6b. Spouse 6c. 1

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



2300411524

YOUR SOCIAL SECURITY NUMBER  
 882-29-9782

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

|                               |                            |
|-------------------------------|----------------------------|
| <b>First Name, MI.</b>        | <b>Last Name</b>           |
| <b>Social Security Number</b> | <b>Relationship to You</b> |
| <b>First Name, MI.</b>        | <b>Last Name</b>           |
| <b>Social Security Number</b> | <b>Relationship to You</b> |
| <b>First Name, MI.</b>        | <b>Last Name</b>           |
| <b>Social Security Number</b> | <b>Relationship to You</b> |
| <b>First Name, MI.</b>        | <b>Last Name</b>           |
| <b>Social Security Number</b> | <b>Relationship to You</b> |

**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.   | 36717 |
| <b>(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.</b> |      |       |
| 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.  | 36717 |
| 11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION).....   | 11a. | 5400  |
| <b>(See IT-511 Tax Booklet)</b>   |      |       |
| 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  |
| <b>Use EITHER Line 11c OR Line 12c (Do not write on both lines)</b>   |      |       |
| 12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, <b>you must include Federal Schedule A.</b>   |      |       |
| 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.  | 31317 |



2300411534

YOUR SOCIAL SECURITY NUMBER  
882-29-9782

**Page 3**

|   |      |       |      |
|---|------|-------|------|
| 14a. Enter the number from Line 6c. <b>1</b> 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. | 28617 |      |
| 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. | 28617 |      |
| 16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet) .....   | 16.  | 1473  |      |
| 17. Low Income Credit   | 17a. | 17b.  | 17c. |
| 18. Other State(s) Tax Credit (Include a copy of the other state(s) return) .....   | 18.  | 998   |      |
| 19. Credits used from IND-CR Summary Worksheet .....  | 19.  |       |      |
| 20. <b>Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)</b>  | 20.  |       |      |
| 21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16 .....   | 21.  | 998   |      |
| 22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero .....  | 22.  | 475   |      |

**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 |       |       |  |
| 454313691  |       |       |  |  |       |       |  |  |       |       |  |
| 3. EMPLOYER/PAYER STATE WITHHOLDING ID   |       |       |  | 3. EMPLOYER/PAYER STATE WITHHOLDING ID         |       |       |  | 3. EMPLOYER/PAYER STATE WITHHOLDING ID         |       |       |  |
| 3120662QK  |       |       |  |  |       |       |  |  |       |       |  |
| 4. GA WAGES / INCOME   |       |       |  | 4. GA WAGES / INCOME                           |       |       |  | 4. GA WAGES / INCOME                           |       |       |  |
| 10600  |       |       |  |  |       |       |  |  |       |       |  |
| 5. GA TAX WITHHELD   |       |       |  | 5. GA TAX WITHHELD                             |       |       |  | 5. GA TAX WITHHELD                             |       |       |  |
| 529  |       |       |  |  |       |       |  |  |       |       |  |

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

**This Page (3) is required for processing**



**YOUR SOCIAL SECURITY NUMBER**  
 882-29-9782

**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. <b>Georgia Income Tax Withheld on Wages and 1099s</b> .....                                  | 23. | 529 |
| <small>(Enter Tax Withheld Only and include W-2s and/or 1099s)</small>                           |     |     |
| 24. <b>Other Georgia Income Tax Withheld</b> .....   | 24. |     |
| <small>(Must include G2-A, G2-FL, G2-LP and/or G2-RP)</small>                                    |     |     |
| 25. <b>Estimated Tax paid for 2022 and Form IT-560</b> .....                                     | 25. |     |
| 26. <b>Schedule 2B Refundable Tax Credits</b> .....  | 26. |     |
| <small>(Cannot be claimed unless filed electronically)</small>                                   |     |     |
| 27. <b>Total prepayment credits (Add Lines 23, 24, 25 and 26)</b> .....                          | 27. | 529 |
| 28. <b>If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter balance due</b> ..... | 28. |     |
| 29. <b>If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter overpayment</b> ..... | 29. | 54  |
| 30. <b>Amount to be credited to 2023 ESTIMATED TAX</b> .....                                     | 30. | 0   |
| 31. <b>Georgia Wildlife Conservation Fund (No gift of less than \$1.00)</b> .....                | 31. |     |
| 32. <b>Georgia Fund for Children and Elderly (No gift of less than \$1.00)</b> .....             | 32. |     |
| 33. <b>Georgia Cancer Research Fund (No gift of less than \$1.00)</b> .....                      | 33. |     |
| 34. <b>Georgia Land Conservation Program (No gift of less than \$1.00)</b> .....                 | 34. |     |
| 35. <b>Georgia National Guard Foundation (No gift of less than \$1.00)</b> .....                 | 35. |     |
| 36. <b>Dog &amp; Cat Sterilization Fund (No gift of less than \$1.00)</b> .....                  | 36. |     |
| 37. <b>Saving the Cure Fund (No gift of less than \$1.00)</b> .....                              | 37. |     |
| 38. <b>Realizing Educational Achievement Can Happen (REACH) Program</b> .....                    | 38. |     |
| <small>(No gift of less than \$1.00)</small>   |     |     |



2300411554

**YOUR SOCIAL SECURITY NUMBER**  
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**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.  
**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. 54**  
**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 021200339 Account Number 381060115531

**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.

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 Phone Number 201-360-1325 Spouse's Signature Date

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.

SYAM PRIYA RAM SAGAR GUPTA TALLAM  
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