



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 NC **ISSUED** YOUR DRIVER'S Fiscal Year LICENSE/STATE ID 000047364415 Ending YOUR FIRST NAME YOUR SOCIAL SECURITY NUMBER 1. ROHINI SAI CHAND 174-71-3526 LAST NAME (For Name Change See IT-511 Tax Booklet) SUFFIX MUNNANGI SPOUSE'S FIRST NAME 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. 14713 PROVENCE LANE **ZIP CODE** CITY (Please insert a space if the city has multiple names) STATE 3. CHARLOTTE NC 28277 (COUNTRY IF FOREIGN) 4. Enter your Residency Status with the appropriate number 1. FULL- YEAR RESIDENT 2. PART- YEAR RESIDENT то 3. NONRESIDENT

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

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).....

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

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself X

6c. 1

6b. Spouse

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue



YOUR SOCIAL SECURITY NUMBER 174-71-3526

2022 Page 2

7b. Dependents (If you have more than 4	4 dependents, attach a list of additional dependen	ts)
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 neg	gative, use the minus sign (-). Example -3456.	
(Do not use FEDERAL TAXABLE INCO	Federal Form 1040)	68831 your gross income is less than your
9. Adjustments from Form 500 Schedule	1 (See IT-511 Tax Booklet) 9.	
10. Georgia adjusted gross income (Net tot	tal of Line 8 and Line 9)10.	
11. Standard Deduction (Do not use FEDER (See IT-511 Tax Booklet)	RAL STANDARD DEDUCTION) 11a.	
b. Self: 65 or over? Blind? Spouse: 65 or over? Blind? c. Total Standard Deduction (Line 11a)	Total x 1,300= 11b. + Line 11b)	
Use EITHER Line 11c OR Line 12c (Do		
12. Total Itemized Deductions used in compu	ıting Federal Taxable Income. If you use itemized dedu	ctions, you must include Federal Schedule A.
a. Federal Itemized Deductions (Sched	dule A- Form 1040) 12a.	
b. Less adjustments: (See IT-511 Tax I	Booklet) 12b.	
c. Georgia Total Itemized Deductions	12c.	
13 Subtract either Line 11c or Line 12c fro	om Line 10: enter halance	

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue 2022



YOUR SOCIAL SECURITY NUMBER 174-71-3526

Page 3

14a.	Enter the number from Line 6c. or multiply by \$3,700 for filing status B	Multiply by \$2,700 for filing status A or D or C	14a.	
14b.	Enter the number from Line 7a.	Multiply by \$3,000	14b.	
14c.	Add Lines 14a. and 14b. Enter total		14c.	
	Georgia NOL utilized (Cannot excee	s Line 14c or Schedule 3, Line 14) d Line 15a or the amount after 511 Tax Booklet for more information)	15a. 15b.	50557
15c.	Georgia Taxable Income (Line 15a le	ess Line 15b)	15c.	50557
16.	Tax (Use Tax Rate Schedule in the	IT-511 Tax Booklet)	16.	2735
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	y Worksheet	19.	
20.	Total Credits Used from Schedule electronically)	2 Georgia Tax Credits (must be filed	1 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	o or less than zero, enter zero	22.	2735

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.	I. WITHHOLDING TYPE:		WITHHOLDING TYPE:		WITHHOLDING TYPE:		
	X 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) X SSN	2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN		
	205887131						
3.	EMPLOYER/PAYER STATE WITHHOLDING 3298263SK	G ID 3.	EMPLOYER/PAYER STATE WITHHOLDING II	D 3.	EMPLOYER/PAYER STATE WITHHOLDING ID		
4.	GA WAGES / INCOME 57300	4.	GA WAGES / INCOME	4.	GA WAGES / INCOME		
5.	GA TAX WITHHELD 2763	5.	GA TAX WITHHELD	5.	GA TAX WITHHELD		

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

This Page (3) is required for processing
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REV 01/03/23 PRO

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Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue 2022



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YOUR SOCIAL SECURITY NUMBER 174-71-3526

Page 4

1.	(INCOME STATEMENT D) WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	1.	(INCOME STAT WITHHOLDING W-2 1099 EMPLOYER/PAY ID NUMBER (FE	TYPE: G2-A G2-FL /ER FEDERAL	G2-LP G2-RP	1.		PE: G2-A G2-FL R FEDERAL	G2-LP G2-RP
3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3.	EMPLOYER/PA	YER STATE W	ITHHOLDING ID	3.	EMPLOYER/PAYE	ER STATE WI	THHOLDING ID
4.	GA WAGES / INCOME	4.	GA WAGES / IN	COME		4.	GA WAGES / INCO	OME	
5.	GA TAX WITHHELD	5.	GA TAX WITHH	ELD		5.	GA TAX WITHHEL	_D	
23.	Georgia Income Tax Withheld on Wage (Enter Tax Withheld Only and include W-2s				23.				2763
24.	Other Georgia Income Tax Withheld (Must include G2-A, G2-FL, G2-LP and/or of				24.				
25.	Estimated Tax paid for 2022 and Form I				25.				
26.	Schedule 2B Refundable Tax Credits (Cannot be claimed unless filed electron				26.				
27.	Total prepayment credits (Add Lines 23,	24, 2	5 and 26)		27.				2763
28.	If Line 22 exceeds Line 27, subtract Line balance due				28.				
29.	If Line 27 exceeds Line 22, subtract Line overpayment				29.				28
30.	Amount to be credited to 2023 ESTIMA	ATEI	O TAX		30.				0
31.	Georgia Wildlife Conservation Fund (No	gift	of less than \$1	.00)	31.				
32.	Georgia Fund for Children and Elderly (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	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	(REACH) Progra	am	38.		. •		

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue



YOUR SOCIAL SECURITY NUMBER 174-71-3526

2022

Page 5

GLOBAL TAXES LLC

39.	Public Safety Memorial Gr	ant (No gift of I	less than \$1.00)		39.		
40.	Form 500 UET (Estimated	d tax penalty)	500 UET except	tion attached	40.		
41.	Penalty: Late Payment an	d/or Late Filing.			41.		
42.	Interest				42.		
43.	(If you owe) Add Lines MAKE CHECK PAYABLE Mail To: GEORGIA DEPA PO BOX 740399 ATLANT.	TO GEORGIA D RTMENT OF RE	DEPARTMENT OF EVENUE PROCESS	REVENUE,	43.		
44.	(If you are due a refund) S THIS IS YOUR REFUND				44.		28
	Refund Due Mail To: GEOR PO BOX 740380 ATLANTA,			: PROCESSING	GCENTER,		
	If you do not enter Direct		mation or if you	are a first tim	ne filer you will	be issued a paper check.	
44a	. Direct Deposit (U.S. Accounts Only	y) Type: Check	king X Savings				
	Routing Number 065400137			Accou Numb	unt er 3720657	11	
	e declare under the penalties of pe I belief, it is true, correct, and com	erjury that I/we have	e examined this return ((including accompa	anying schedules an		
and	e declare under the penalties of pe	erjury that I/we have	e examined this return (y a person other than t	(including accompathe taxpayer(s), thi	anying schedules an	d statements) and to the best of	reparer has knowledg
and Ta	e declare under the penalties of pe I belief, it is true, correct, and com	erjury that I/we have plete. If prepared by	e examined this return (y a person other than t	(including accompathe taxpayer(s), thi	anying schedules an	d statements) and to the best of d on all information of which the p	reparer has knowledg
and Ta	e declare under the penalties of per labelef, it is true, correct, and compared to the labelef it is true, correct, and correct it is true, correct, and corre	erjury that I/we have plete. If prepared by	e examined this return (y a person other than t	(including accompathe taxpayer(s), this spouse's Spouse's Spouse's One Number	anying schedules an is declaration is base s Signature	d statements) and to the best of d on all information of which the p	reparer has knowledg
Transfer Tra	e declare under the penalties of per libelief, it is true, correct, and composition in the libelief it is true, correct, and composition in the libelief. It is true, correct, and composition is true. Taxpayer's Signature axpayer's Date of Death axpayer's Signature Date. By providing my e-mail address I amy account(s).	erjury that I/we have plete. If prepared by (Check box if	e examined this return (by a person other than the deceased) Taxpayer's Pho 337-302-2	(including accompanies the taxpayer(s), this taxpayer(s), this spouse's Spouse's Spouse's One Number 2 9 0 2	anying schedules and is declaration is based is Signature. S Date of Death	d statements) and to the best of d on all information of which the process of the control of the best of d on all information of which the process of the control of the best of d on all information of which the process of the control of the best	reparer has knowledg
Transfer Tra	e declare under the penalties of per libelief, it is true, correct, and complete in the libelief. Signature axpayer's Signature axpayer's Date of Death axpayer's Signature Date By providing my e-mail address I a	erjury that I/we have plete. If prepared by (Check box if	e examined this return (by a person other than the deceased) Taxpayer's Pho 337-302-2	(including accompanies the taxpayer(s), this taxpayer(s), this spouse's Spouse's Spouse's One Number 2 9 0 2	anying schedules and is declaration is based is Signature. S Date of Death	d statements) and to the best of d on all information of which the process of the deceased of the state of the best of the process of the process of the state of the below e-mail address regard to the below e-mail address regard	reparer has knowledg te te to discuss this return
Transfer Tra	e declare under the penalties of per libelief, it is true, correct, and composition in the libelief it is true, correct, and composition in the libelief. It is true, correct, and composition is true. Taxpayer's Signature axpayer's Date of Death axpayer's Signature Date. By providing my e-mail address I amy account(s).	erjury that I/we have plete. If prepared by (Check box if a man authorizing the C	e examined this return (by a person other than the deceased) Taxpayer's Pho 337-302-2 Georgia Department of	(including accompanies the taxpayer(s), this taxpayer(s), this spouse's Spouse's Spouse's One Number 2 9 0 2	anying schedules and is declaration is based is declaration is based is Signature. Signature and Death is Date of Death is Date of Death is Death in tronically notify me and in the preparer.	d statements) and to the best of d on all information of which the process of d on all information of which the process of the below e-mail address regard.	reparer has knowledg te te to discuss this return
Transfer Tra	e declare under the penalties of per libelief, it is true, correct, and complete in the libelief, it is true, correct, and complete in the libelief, it is true, correct, and complete in the libelief, it is true, correct, and complete in the libelief, it is true, correct, and complete in the libelief, it is true, correct, and complete in the libelief, it is true, correct, and complete in the libelief, it is true, correct, and complete in the libelief, it is true, correct, and complete in the libelief, it is true, correct, and complete in the libelief, it is true, correct, and complete in the libelief, it is true, correct, and complete in the libelief, and correct, and complete in the libelief, and correct, and complete in the libelief, and correct, and complete in the libelief, and correct in the libelief, and cor	erjury that I/we have plete. If prepared by (Check box if we have am authorizing the Common than Taxpayer	e examined this return (by a person other than the person of the p	(including accompanies the taxpayer(s), this taxpayer(s), this spouse's Spouse's Spouse's One Number 2 9 0 2	anying schedules and is declaration is based as Signature a Date of Death around tronically notify me and Preparer' 678 – Preparer'	d statements) and to the best of d on all information of which the process of d on all information of which the process of d on all information of which the process of the control of which the process of the process of the control of the process	reparer has knowledg te te to discuss this return

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Preparer's SSN/PTIN/SIDN P02082703





Schedule 3 Page 1

YOUR SOCIAL SECURITY NUMBER 174-71-3526

2022 (Approved software version)

DO NOT USE LINES 9 THRU 14 OF PAGES 2 AND 3 FORM 500 or 500X

SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS.

Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See IT-511 Tax Booklet.

Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See IT-511 Tax Booklet.						
	FEDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A)	INCOME NOT TAXABLE TO GEORGIA (COLUMN B)	GEORGIA INCOME (COLUMN C)	E		
1.	WAGES, SALARIES, TIPS, etc 68831	1. WAGES, SALARIES, TIPS, etc 11531	1. WAGES, SALARIES, TIPS, etc	57300		
2.	INTEREST AND DIVIDENDS	2. INTEREST AND DIVIDENDS	2. INTEREST AND DIVIDENDS			
3.	BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS	6)		
4.	OTHER INCOME OR (LOSS)	4. OTHER INCOME OR (LOSS)	4. OTHER INCOME OR (LOSS)	0		
5.	TOTAL INCOME: TOTAL LINES 1 THRU 4 68831	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 11531	5. TOTAL INCOME: TOTAL LIN	ES 1 THRU 4 57300		
6.	TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM	/I FORM 1040		
7.	TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM SCHEDULE 1	FORM 500,		
8.	ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINE			
	68831	11531		57300		
9.	RATIO: Divide Line 8, Column C by Line check the box for Time Ratio. Enter	8, Column A enter percentage or percentage	9. 83.25	% Not to exceed 100%		
10	a. Itemized or Standard Deduction X	or Georgia Itemized (See IT-511 Tax Booklet)	10a.	5400		
10	Ob. Additional Standard Deduction Self: 65 or over? Blind? Spouse: 65 or	or over? Blind? Total X 1,300=	10b.			
11	. Personal Exemptions from Form 500 or Fo	orm 500X (See IT-511 Tax Booklet)				
11	a. Enter the number on Line 6c from Form 500 filing status A or D or multiply by \$3,700 for fi		11a.	2700		
11	b. Enter the number on Line 7a from Form 500	or Form 500X multiply by \$3,000	11b.			
12	2. Total Deductions and Exemptions: Add L	ines 10a, 10b, 11a, and 11b	12.	8100		
	3. *Multiply Line 12 by Ratio on Line 9 and e		13.	6743		
74	 Income before GA NOL: Subtract Line 13 Enter here and on Line 15a, Page 3 of Fo 	•	14.	50557		