Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

	5					
Submi	ssion Identification Number (SID)					
Taxpaye	er's name	Social secur	ty numl	per		
PRAI	NAY BACHU	271-83	-820	5		
Spouse'	s name	Spouse's so	ial sec	urity numb	er	
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Ente	 r year you a	ire au	thorizin	g.)	
	whole dollars only on lines 1 through 5.	<i>y y</i>			<i>5</i> /	
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income		1	2	3,8	48.
2	Total tax		2		1,1	00.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3			
4	Amount you want refunded to you		4			
5	Amount you owe		5		1,1	00.
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of y	our ret	urn)	
return (to send for any Agent t paymen authoriz paymen busines taxes t persona	oviledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I about original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejudely in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account income formation of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutivation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation receive confidential information necessary to answer inquiries and resolve issues related to the lad identification number (PIN) below is my signature for the income tax return (original or amended) I apple of the force of the payment (original or amended) I apple to the payment (original or amended) I apple	nitter, or electrection of the tal.S. Treasury a licated in the too to debit the ethe authorize uests must be processing coayment. I fur	onic reransmisond its cax prepartion. The receiff the elast secondary attention.	turn origingsion, (b) designate paration so to this acronocy ved no late through the controlic periodical section of the control of the co	nator the red Fin softwa count e (can ater to paym ge tha	(ERO) eason ancial are for t. This cel) a han 2 ent of at the
	nic Funds Withdrawal Consent. yer's PIN: check one box only				٦	
Тахра		my DINI 3	8 2	2 0 5		o m)/
_	ERO firm name	Er		digits, but	t	s my
	signature on the income tax return (original or amended) I am now authorizing.		0.1			
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN metholow.					
Your s	ignature ▶ Date ▶ _					
Spous	se's PIN: check one box only				_	
	I authorize to enter or generate	my PIN			la	s my
	ERO firm name	Er		digits, but	i t	·,
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros	•	
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.					
Spous	e's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below	1				
Part	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 4 9 Don't en	6 3		8 9	9
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income to the tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of I	nitting this ret	urn in a	accordan	će wi	
ERO's	signature ▶ Date ▶					
	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested To	Do So				

Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box.	If yo	u checked the MFS box, enter the na	ame of y	ed filing separately (Nour spouse. If you c						spoi	use (QSS)	
		son is a child but not your dependent										
Your first name	and m	iddle initial	Last na									ity number
PRANAY			BACH								83-820	
If joint return, s	pouse's	s first name and middle initial	Last na	me						Spouse	's social se	curity number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				Apt. no.		Preside	ntial Electi	ion Campaign
895 WAL	TERS	CIR									nere if you	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces below.	Stat	te	ZIP	code				ntly, want \$3 Checking a
ALPHARE	ΓΤΑ				GA	L	30	005		_	ow will not	•
Foreign countr	y name		F	Foreign province/state/	count	у	Fore	ign postal o	ode	your tax	c or refund	
											You	Spouse
Digital Assets		ny time during 2022, did you: (a) reco ange, gift, or otherwise dispose of a	,				•		, .	. ,	Yes	⊠ No
Standard		eone can claim: You as a de						.,. (555		01.01.01,		
Deduction		Spouse itemizes on a separate return				и абренаетт						
Age/Blindness	s You:	Were born before January 2, 1	958	Are blind Spo	ouse:	: Was bor	rn be	fore Janu	ary 2	, 1958	☐ Is b	lind
Dependent	s (see	instructions):		(2) Social security	,	(3) Relationsh	nip	(4) Check	the bo	x if quali	fies for (see	e instructions):
If more	(1) F	irst name Last name		number		to you		Child	tax cr	edit	Credit for o	ther dependents
than four												
dependents, see instruction	s ——											
and check	. —											
here L												
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	e instructions) .						1a	1	5,000.
	b	Household employee wages not re	•	, ,						1b)	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	•	*						10	:	
attach Forms	d	Medicaid waiver payments not rep		, , , ,	nstru	ctions)				1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f		•						1e		
was withheld.	f	Employer-provided adoption bene								1f		
If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form W-2, see	h	Other earned income (see instructi	,				. i			1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>li</u>						F 000
	<u>z</u>									1z		5,000.
Attach Sch. B if required.	2a	'	2a			axable interest				2b		
ii required.	3a		3a			rdinary divide				3b		
	4a		4a			axable amoun				4b		
Standard Deduction for—	5a	-	5a			axable amoun axable amoun				5b		
Single or	6a	Social security benefits If you elect to use the lump-sum e	6a	mothed shock hare			ι.			6b	'	
Married filing separately,	7	Capital gain or (loss). Attach Sche		•	•	,	•			7		
\$12,950 Married filing	8	Other income from Schedule 1, lin					•		٠ ـ	8		10 0/10
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	 This is vour total inc						9		18,848. 23,848.
Qualifying surviving spouse,	10	Add liftes 12, 25, 35, 45, 35, 65, 7, Adjustments to income from Sche				; 				10		<u>43,040.</u>
\$25,900 • Head of	11	Subtract line 10 from line 9. This is								11		23,848.
household,	12	Standard deduction or itemized	-	-			•			12		12,950.
\$19,400 • If you checked	13	Qualified business income deducti				5-A	•			13		<u> </u>
any box under	14	Add lines 12 and 13								14		12,950.
Standard Deduction,	15	Subtract line 14 from line 11. If zer								15		10,898.
see instructions.		2	_ 0. 100	-, 5 i i ii i i i y	J		. •					

Form 1040 (2022	2)							Page 2
Tax and	16	Tax (see instructions). Check if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌		16	1,100.
Credits	17					T T	17	
0.000	18	Add lines 16 and 17				[18	1,100.
	19	Child tax credit or credit for other dependen	nts from Sched	ule 8812		[19	
	20	Amount from Schedule 3, line 8				[20	
	21	Add lines 19 and 20				[21	
	22	Subtract line 21 from line 18. If zero or less.	, enter -0			[22	1,100.
	23	Other taxes, including self-employment tax	, from Schedule	e 2, line 21		[23	0.
	24	Add lines 22 and 23. This is your total tax				[24	1,100.
Payments	25	Federal income tax withheld from:						
,	а	Form(s) W-2			25a			
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	
If you have a	26	2022 estimated tax payments and amount	applied from 20	21 return		[26	
qualifying child,	27	Earned income credit (EIC)			27	Ī		
attach Sch. EIC.	28	Additional child tax credit from Schedule 881	2		28			
	29	American opportunity credit from Form 886	3, line 8		29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3, line 15			31			
	32	Add lines 27, 28, 29, and 31. These are you	r total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. These are your t	otal payments				33	
Refund	34	If line 33 is more than line 24, subtract line	24 from line 33.	This is the amoun	t you overpaid		34	
Herana	35a	Amount of line 34 you want refunded to yo	u . If Form 8888	is attached, chec	k here	. 🗆	35a	
Direct deposit?	b	Routing number X X X X X X X X			0 —	avings		
See instructions.	d	Account number X X X X X X X X	X X X Z	X X X X	X X			
	36	Amount of line 34 you want applied to you	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24. This is the am For details on how to pay, go to <i>www.irs.go</i>					37	1,100.
	38	Estimated tax penalty (see instructions) .			38	Ī		
Third Party Designee		you want to allow another person to distructions		rn with the IRS?		mplete be	elow.	X No
· ·		signee's	Phone			nal identific	cation	
	naı		no.			er (PIN)		
Sign Here		der penalties of perjury, I declare that I have examir ief, they are true, correct, and complete. Declaration						
11010	Yo	ur signature	Date	Your occupation		I .		nt you an Identity IN, enter it here
Joint return?				 SOFTWARE E	NGINEER	(see in		IN, enter it here
See instructions.	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupation		If the	RS ser	nt vour spouse an
Keep a copy for your records.			lc			Identit (see in		ection PIN, enter it here
	Ph	one no. (470)534-8099	Email address	PRANAYBACHU	26@GMAIL.COM	4		
Paid	Pre	parer's name Preparer's signa	ature		Date	PTIN	Ī	Check if:
	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	04/17/2023	P02082	703	Self-employed
Preparer Use Only	Fir	n's name GLOBAL TAXES LLC				Phone	no. (678)965-9522
————	Fir	n's address 245 ROONEY CT E BR	UNSWICK N	J 08816		Firm's	EIN	84-3171965
Go to www.irs.g	ov/Forn	n1040 for instructions and the latest information.		BAA	REV 03/22/23 PRO			Form 1040 (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

Name	(s) shown on Form 1040, 1040-SR, or 1040-NR				urity number
PRAN	AY BACHU	2	271-83	3-8205	5
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received		2a		
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			3	
4	Other gains or (losses). Attach Form 4797	[4		
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Sch		5		
6	Farm income or (loss). Attach Schedule F		6		
7	Unemployment compensation	L	7		
8	Other income:				
а	Net operating loss)		
b	Gambling				
С	Cancellation of debt				
d	Foreign earned income exclusion from Form 2555 8d ()		
е	Income from Form 8853				
f	Income from Form 8889				
g	Alaska Permanent Fund dividends				
h	Jury duty pay				
į	Prizes and awards				
j	Activity not engaged in for profit income				
k	Stock options				
ı	Income from the rental of personal property if you engaged in the rental				
	for profit but were not in the business of renting such property 81				
m	Olympic and Paralympic medals and USOC prize money (see				
_	instructions)				
	Section 951(a) inclusion (see instructions)				
0	Section 461(I) excess business loss adjustment 8p				
p q	Taxable distributions from an ABLE account (see instructions) 8q				
r	Scholarship and fellowship grants not reported on Form W-2 8r				
	Nontaxable amount of Medicaid waiver payments included on Form				
3	1040, line 1a or 1d)		
t	Pension or annuity from a nonqualifed deferred compensation plan or				
•	a nongovernmental section 457 plan 8t				
u	Wages earned while incarcerated 8u				
	Other income. List type and amount:				
-	Nonemployee compensation from 1099-NEC 18,848. 8z	18,8	348.		

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

10

18,848.

18,848.

Schedule 1 (Form 1040) 2022 Page **2**

Educator expenses 11	Par	Adjustments to Income			
officials. Attach Form 2106 1 Health savings account deduction. Attach Form 8889 1 Health savings account deduction. Attach Form 8889 1 Deductible part of self-employment tax. Attach Schedule SE 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed health insurance deduction 1 The Penalty on early withdrawal of savings 1 Ba Alimony paid 1 Ba Pecipient's SSN 1 C Date of original divorce or separation agreement (see instructions): 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA desclustion 2 IFA desclustion 2 IFA desclustion 2 IFA description of future use 2 IFA desclustion 2 IFA description of future use 2 IFA descri	11			11	
officials. Attach Form 2106 1 Health savings account deduction. Attach Form 8889 1 Health savings account deduction. Attach Form 8889 1 Deductible part of self-employment tax. Attach Schedule SE 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed health insurance deduction 1 The Penalty on early withdrawal of savings 1 Ba Alimony paid 1 Ba Pecipient's SSN 1 C Date of original divorce or separation agreement (see instructions): 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA desclustion 2 IFA desclustion 2 IFA desclustion 2 IFA description of future use 2 IFA desclustion 2 IFA description of future use 2 IFA descri	12	Certain business expenses of reservists, performing artists, and fee-ba	asis government		
13 Health savings account deduction. Attach Form 8889		officials. Attach Form 2106		12	
15 Deductible part of self-employment tax. Attach Schedule SE 16 Self-employed SEP, SIMPLE, and qualified plans 17 Self-employed death insurance deduction 17 Penalty on early withdrawal of savings 18 Penalty on early withdrawal of savings 19a Alimony paid 19a Alimony paid 19a Recipient's SSN 19a Becipient's SSN 19a Person or or separation agreement (see instructions): 20 IRA deduction 21 Student loan interest deduction 22 Reserved for future use 23 Archer MSA deduction 24 Other adjustments: 25 Jury duty pay (see instructions) 26 Deductible expenses related to income reported on line 81 from the rental of personal property engaged in for profit 26 Reforestation amortization and expenses 27 Repayment of supplemental unemployment benefits under the Trade Act of 1974 28 Contributions to section 501(c)(18)(D) pension plans 29 Contributions to section 501(c)(18)(D) pension plans 29 Contributions by certain chaplains to section 403(b) plans 29 Contributions by certain chaplains to section with an award from the IRS for information you provided that helped the IRS detect tax law violations 29 IRA deduction from Form 2555 20 IRA deduction 21 Student loan interest deduction 22 Jury duty pay (see instructions) 24 Jury duty pay (see instructions) 25 Interest and court costs for actions involving certain unlawful discrimination claims (see instructions) 26 Jury duty pay (see instructions) 27 Jury duty pay (see instructions) 28 Jury duty pay (see instructions) 29 Jury duty pay (see instructions) 20 Jury duty pay (see instructions) 21 Jury duty pay (see instructions) 22 Jury duty pay (see instructions) 24 Jury duty pay (see instructions) 24 Jury duty pay (see instructions) 24 Jury duty pay (see instructions)	13	Health savings account deduction. Attach Form 8889		13	
16 Self-employed SEP, SIMPLE, and qualified plans	14			14	
17 Self-employed health insurance deduction 18 Penalty on early withdrawal of savings 18 18 19 Alimony paid 19 Recipient's SSN 10 Date of original divorce or separation agreement (see instructions): 20 IRA deduction 21 Student loan interest deduction 22 Archer MSA deduction 23 Archer MSA deduction 24 Other adjustments: 25 Jury duty pay (see instructions) 26 Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24 Contributions of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24 Reforestation amortization and expenses 24 Repayment of supplemental unemployment benefits under the Trade Act of 1974 24 Contributions to section 501(c)(18)(D) pension plans 24 Contributions by certain chaplains to section 403(b) plans 24 Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 24 Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations 24 Jeli 25 Total other adjustments. Add lines 24a through 24z 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	15			_	
18	16			-	
19a Alimony paid b Recipient's SSN c Date of original divorce or separation agreement (see instructions): 20 IRA deduction		Self-employed health insurance deduction		-	
b Recipient's SSN c Date of original divorce or separation agreement (see instructions): 20 1RA deduction	18			-	
c Date of original divorce or separation agreement (see instructions): IRA deduction	19a			19a	
20 Student loan interest deduction 21 22 23 24 22 24 24 24 24	b	Recipient's SSN			
Student loan interest deduction Reserved for future use Archer MSA deduction Other adjustments: Jury duty pay (see instructions) Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m. Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974. Contributions to section 501(c)(18)(D) pension plans Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions). Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations Housing deduction from Form 2555. Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041). Total other adjustments. List type and amount: 25 Total other adjustments. Add lines 24a through 24z Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	С	Date of original divorce or separation agreement (see instructions):			
22 Archer MSA deduction				-	
Archer MSA deduction Other adjustments: Jury duty pay (see instructions) Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974 Contributions to section 501(c)(18)(D) pension plans Contributions by certain chaplains to section 403(b) plans Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations Jeuseph Housing deduction from Form 2555 Let Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) Cother adjustments. List type and amount: Total other adjustments. Add lines 24a through 24z Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on				$\overline{}$	
24 Other adjustments: a Jury duty pay (see instructions) b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit				-	
a Jury duty pay (see instructions) b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m				23	
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24		_		
rental of personal property engaged in for profit		, , , , ,	la		
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	b				
and USOC prize money reported on line 8m			łb	-	
d Reforestation amortization and expenses	С				
e Repayment of supplemental unemployment benefits under the Trade Act of 1974					
Act of 1974			ła		
f Contributions to section 501(c)(18)(D) pension plans	е		la la		
g Contributions by certain chaplains to section 403(b) plans					
h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)				-	
discrimination claims (see instructions)	_		rg		
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	"		lh		
from the IRS for information you provided that helped the IRS detect tax law violations	i	·	***		
tax law violations	٠				
j Housing deduction from Form 2555			4i		
k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	i				
1041)	k		.,		
z Other adjustments. List type and amount:	•••		lk		
Total other adjustments. Add lines 24a through 24z	z				
Total other adjustments. Add lines 24a through 24z	_		łz		
26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	25			25	
	26	,			
				26	







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

Page 1

Beginning STATE **ISSUED** YOUR DRIVER'S Fiscal Year LICENSE/STATE ID Ending YOUR FIRST NAME YOUR SOCIAL SECURITY NUMBER 1. PRANAY 271-83-8205 LAST NAME (For Name Change See IT-511 Tax Booklet) SUFFIX BACHU 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** 2.895 WALTERS CIR **ZIP CODE** CITY (Please insert a space if the city has multiple names) STATE 3. ALPHARETTA 30005 GA (COUNTRY IF FOREIGN) 4. Enter your Residency Status with the appropriate number 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)..... 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).....



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

YOUR SOCIAL SECURITY NUMBER 271-83-8205

2022

Page 2

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, u	se the minus sign (-). Example -3456.	
8. Federal adjusted gross income (From Federal IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ne amount on Line 8 is \$40,000 or more, or your gross in	23848 acome is less than your
9. Adjustments from Form 500 Schedule 1 (See I	T-511 Tax Booklet) 9.	
10. Georgia adjusted gross income (Net total of Lin	ne 8 and Line 9) 10.	23848
11. Standard Deduction (Do not use FEDERAL STA (See IT-511 Tax Booklet)	ANDARD DEDUCTION) 11a.	5400
b. Self: 65 or over? Blind? Total	al x 1,300= 11b.	
Spouse: 65 or over? Blind? c. Total Standard Deduction (Line 11a + Line 11 Use EITHER Line 11c OR Line 12c (Do not write)		5400
12. Total Itemized Deductions used in computing Fed	eral Taxable Income. If you use itemized deductions, you m	nust include Federal Schedule A
a. Federal Itemized Deductions (Schedule A- I	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 halance 13	18448



2022

Page 3

YOUR SOCIAL SECURITY NUMBER 271-83-8205

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 applying the 80% limitation, see IT-511 Tax Booklet for more information).	15a. 15b.	15748
15c. Georgia Taxable Income (Line 15a less Line 15b)	15c.	15748
16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet)	16.	733
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)	d 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.	733

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:
	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
	586002050				
3.	EMPLOYER/PAYER STATE WITHHOLDING ID $4400464 \mbox{AV}$	3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3.	EMPLOYER/PAYER STATE WITHHOLDING ID
4.	GA WAGES / INCOME 5000	4.	GA WAGES / INCOME	4.	GA WAGES / INCOME
5.	GA TAX WITHHELD 28	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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(No gift of less than \$1.00)

	(INCOME STATEMENT D)			(INCOME STAT	EMENT E)			(INCOME STATE	MENT F)	
1.	WITHHOLDING TYPE:		1.	WITHHOLDING	TYPE:		1.	WITHHOLDING T	YPE:	
	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 FEDER ID NUMBER (FEIN)	RAL SSN	2.	EMPLOYER/PA ID NUMBER (FE			2.	EMPLOYER/PAY ID NUMBER (FEI		
3.	EMPLOYER/PAYER STATE	E WITHHOLDING ID	3.	EMPLOYER/PA	YER STATE V	WITHHOLDING ID	3.	EMPLOYER/PA	YER STATE W	/ITHHOLDING ID
4.	GA WAGES / INCOME		4.	GA WAGES / IN	ICOME		4.	GA WAGES / INC	COME	
5.	GA TAX WITHHELD		5.	GA TAX WITHH	IELD		5.	GA TAX WITHH	ELD	
23.	Georgia Income Tax V	/ithheld on Wage	s an	d 1099s		. 23.				28
	(Enter Tax Withheld On	y and include W-2s	s and	or 1099s)						
24.	Other Georgia Income (Must include G2-A, G2					24.				
25.	Estimated Tax paid for	2022 and Form I	T-56	0		25.				
26.	Schedule 2B Refundab (Cannot be claimed un					26.				
27.	Total prepayment credi	ts (Add Lines 23,	24, 2	5 and 26)		. 27.				28
28.	If Line 22 exceeds Line balance due					·· 28.				705
29.	If Line 27 exceeds Line	e 22, subtract Line	22 fr	om Line 27 and	d enter	20.				703
	overpayment					29.				
30.	Amount to be credite	d to 2023 ESTIMA	ATE) TAX		30.				
31.	Georgia Wildlife Conse	ervation Fund (No	gift	of less than \$1	.00)	. 31.				
32.	Georgia Fund for Child	dren and Elderly (No g	ift of less than	\$1.00)	. 32.				
33.	Georgia Cancer Rese	arch Fund (No gif	t of le	ess than \$1.00)	33.				
34.	Georgia Land Conserv	ration Program (N	o gifi	t of less than \$	31.00)	. 34.				
35.	Georgia National Guar	d 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 t	nan \$	31.00)		37.				
38.	Realizing Educational Ac	hievement Can Ha	open	(REACH) Progra	am	38.				



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SYAM PRIYA RAM SAGAR GUPT

Preparer's Firm Name

GLOBAL TAXES LLC

39.	Public Safety Memorial Grar	nt (No gift of less tha	nn \$1.00)	. 39.		
40.	Form 500 UET (Estimated	tax penalty) 500 l	JET exception attached	d 40.		
11.	Penalty: Late Payment and/	or Late Filing		41.		
12.	Interest			42.		
43.	(If you owe) Add Lines 20 MAKE CHECK PAYABLE T Mail To: GEORGIA DEPAR' PO BOX 740399 ATLANTA,	O GEORGIA DEPART	MENT OF REVENUE,			705
44.	(If you are due a refund) Sul	otract the sum of Lines	30 thru 42 from Line 29			
	THIS IS YOUR REFUND			44.		
	Refund Due Mail To: GEORG PO BOX 740380 ATLANTA, G		REVENUE PROCESSI	NG CENTER,		
	If you do not enter Direct I		or if you are a first	time filer you will	l be issued a paper check.	
14a	Direct Deposit (U.S. Accounts Only)	Type: Checking	Savings			
	Routing Number			count imber		
T	axpayer's Signature	(Check box if decease	ed) Spous	e's Signature	(Check box if deceased)	
Т	axpayer's Date of Death		Spous	e's Date of Death		
Т	axpayer's Signature Date	·	ayer's Phone Number 0-534-8099		Spouse's Signature Date	
	By providing my e-mail address I am my account(s).	authorizing the Georgia [Department of Revenue to e	lectronically notify me	at the below e-mail address regarding a	ny updates to
	Taxpayer's E-mail Address					
					I authorize DOR to di with the named prepa	
					with the named prope	
				Preparer		
	SYAM PRIYA RAM SAGA	AR GUPTA TALLA	<u>M</u>		r's Phone Number -965–9522	
	SYAM PRIYA RAM SAGA Signature of Preparer Name of Preparer Other Than		<u>M</u>		r's Phone Number -965-9522	

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84-3171965

P02082703

Preparer's SSN/PTIN/SIDN