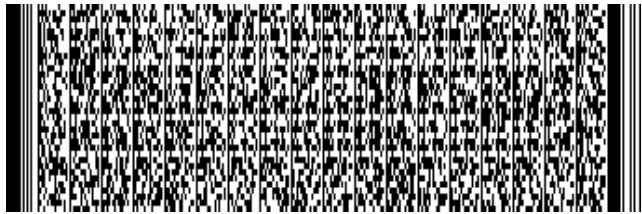


2300411514



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 WA ISSUED

Fiscal Year Ending

YOUR DRIVER'S LICENSE/STATE ID

WDL7256FG13B

YOUR FIRST NAME MI YOUR SOCIAL SECURITY NUMBER
1. CHARITH REDDY 838-69-2004

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

SPOUSE'S FIRST NAME MI SPOUSE'S SOCIAL SECURITY NUMBER

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. 15216 NE 16TH PL

APT NO 42

CITY (Please insert a space if the city has multiple names) STATE ZIP CODE
3. BELLEVUE WA 98007

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number 4. 3

1. FULL- YEAR RESIDENT 2. PART- YEAR RESIDENT TO 3. NONRESIDENT

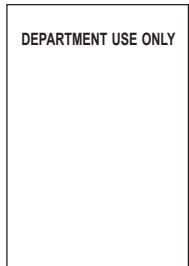
Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.

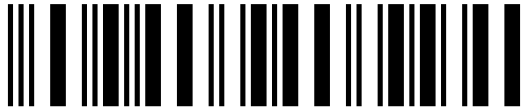
5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... 5. A

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Surviving Spouse

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself X 6b. Spouse 6c. 1

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





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YOUR SOCIAL SECURITY NUMBER
 838-69-2004

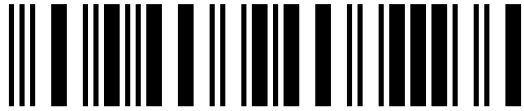
7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents)

First Name, MI.	Last Name
Social Security Number	Relationship to You
First Name, MI.	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, use the minus sign (-). Example -3456.

8. Federal adjusted gross income (From Federal Form 1040).....	8.	171656
(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.		
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.	
11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION).....	11a.	
(See IT-511 Tax Booklet)		
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.	
Use EITHER Line 11c OR Line 12c (Do not write on both lines)		
12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must include Federal Schedule A.		
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.	



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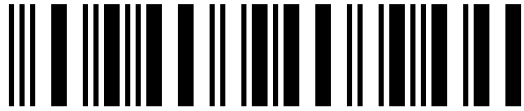
14a. Enter the number from Line 6c. Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.	
14b. Enter the number from Line 7a. Multiply by \$3,000.....	14b.	
14c. Add Lines 14a. and 14b. Enter total	14c.	
15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14)....	15a.	15432
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.	15432
16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet)	16.	715
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 filed electronically)	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.	715

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		
813443155								
3. EMPLOYER/PAYER STATE WITHHOLDING ID			3. EMPLOYER/PAYER STATE WITHHOLDING ID			3. EMPLOYER/PAYER STATE WITHHOLDING ID		
3239023 B								
4. GA WAGES / INCOME			4. GA WAGES / INCOME			4. GA WAGES / INCOME		
16197								
5. GA TAX WITHHELD			5. GA TAX WITHHELD			5. GA TAX WITHHELD		
875								

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

This Page (3) is required for processing

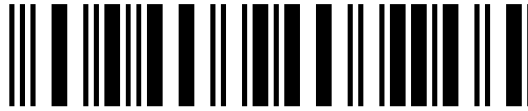


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YOUR SOCIAL SECURITY NUMBER
 838-69-2004

Page 4

(INCOME STATEMENT D)		(INCOME STATEMENT E)		(INCOME STATEMENT F)	
1. WITHHOLDING TYPE:		1. WITHHOLDING TYPE:		1. WITHHOLDING TYPE:	
W-2	G2-A	W-2	G2-A	W-2	G2-A
1099	G2-FL	1099	G2-FL	1099	G2-FL
	G2-LP		G2-LP		G2-LP
	G2-RP		G2-RP		G2-RP
2. EMPLOYER/PAYER FEDERAL		2. EMPLOYER/PAYER FEDERAL		2. EMPLOYER/PAYER FEDERAL	
ID NUMBER (FEIN)	SSN	ID NUMBER (FEIN)	SSN	ID NUMBER (FEIN)	SSN
3. EMPLOYER/PAYER STATE WITHHOLDING ID		3. EMPLOYER/PAYER STATE WITHHOLDING ID		3. EMPLOYER/PAYER STATE WITHHOLDING ID	
4. GA WAGES / INCOME		4. GA WAGES / INCOME		4. GA WAGES / INCOME	
5. GA TAX WITHHELD		5. GA TAX WITHHELD		5. GA TAX WITHHELD	
23. Georgia Income Tax Withheld on Wages and 1099s	23.				875
(Enter Tax Withheld Only and include W-2s and/or 1099s)					
24. Other Georgia Income Tax Withheld.....	24.				
(Must include G2-A, G2-FL, G2-LP and/or G2-RP)					
25. Estimated Tax paid for 2022 and Form IT-560	25.				
26. Schedule 2B Refundable Tax Credits.....	26.				
(Cannot be claimed unless filed electronically)					
27. Total prepayment credits (Add Lines 23, 24, 25 and 26).....	27.				875
28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter					
balance due.....	28.				
29. If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter					
overpayment	29.				160
30. Amount to be credited to 2023 ESTIMATED TAX	30.				0
31. Georgia Wildlife Conservation Fund (No gift of less than \$1.00).....	31.				
32. Georgia Fund for Children and Elderly (No gift of less than \$1.00).....	32.				
33. Georgia Cancer Research Fund (No gift of less than \$1.00)	33.				
34. Georgia Land Conservation Program (No gift 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 than \$1.00).....	37.				
38. Realizing Educational Achievement Can Happen (REACH) Program	38.				
(No gift of less than \$1.00)					



2300411554

YOUR SOCIAL SECURITY NUMBER
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- 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. 160
**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 074000010

Account Number 000000311588930

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
812-606-8687

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



2307411514

YOUR SOCIAL SECURITY NUMBER

838-69-2004

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.

FEDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A)	INCOME NOT TAXABLE TO GEORGIA (COLUMN B)	GEORGIA INCOME (COLUMN C)
1. WAGES, SALARIES, TIPS, etc 171656	1. WAGES, SALARIES, TIPS, etc 155459	1. WAGES, SALARIES, TIPS, etc 16197
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)
4. OTHER INCOME OR (LOSS)	4. OTHER INCOME OR (LOSS) 0	4. OTHER INCOME OR (LOSS) 0
5. TOTAL INCOME: TOTAL LINES 1 THRU 4 171656	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 155459	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 16197
6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040 0	6. TOTAL ADJUSTMENTS FROM FORM 1040
7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1
8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 171656	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 155459	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 16197
9. RATIO: Divide Line 8, Column C by Line 8, Column A enter percentage or check the box for Time Ratio. Enter percentage.....	9. 9.44	% Not to exceed 100%
10a. Itemized or Standard Deduction <input checked="" type="checkbox"/> or Georgia Itemized (See IT-511 Tax Booklet)	10a. 5400	
10b. Additional Standard Deduction Self: 65 or over? Blind? Spouse: 65 or over? Blind? Total X 1,300=	10b.	
11. Personal Exemptions from Form 500 or Form 500X (See IT-511 Tax Booklet)		
11a. Enter the number on Line 6c from Form 500 or Form 500X <u>1</u> multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C.....	11a.	2700
11b. Enter the number on Line 7a from Form 500 or Form 500X multiply by \$3,000 ..	11b.	
12. Total Deductions and Exemptions: Add Lines 10a, 10b, 11a, and 11b	12.	8100
13. *Multiply Line 12 by Ratio on Line 9 and enter result.....	13.	765
14. Income before GA NOL: Subtract Line 13 from Line 8, Column C Enter here and on Line 15a, Page 3 of Form 500 or Form 500X.....	14.	15432