



New York State E-File Signature Authorization for Tax Year 2022

For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Electronic return originator (ERO): Do not mail this form to the Tax Department. Keep it for your records.

Taxpayer's name VINEEL YELLAPANTULA	Spouse's name (jointly filed return only)
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Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, an individual performing as both the paid preparer and the ERO is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*, available on our website.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, *Resident Income Tax Return*, IT-201-X, *Amended Resident Income Tax Return*, IT-203, *Nonresident and Part-Year Resident Income Tax Return*, IT-203-X, *Amended Nonresident and Part-Year Resident Income Tax Return*, IT-214, *Claim for Real Property Tax Credit*, and NYC-210, *Claim for New York City School Tax Credit*. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns*.

This form is not required for electronically filed Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals*. See Form TR-579.1-IT, *New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2022 Form IT-370 and Tax Year 2023 Form IT-2105*.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

Part A – Tax return information

1 Federal adjusted gross income (from applicable line).....	1.	108553.
2 Refund.....	2.	42.
3 Amount you owe.....	3.	
4 Financial institution routing number.....	4.	021000021
5 Financial institution account number.....	5.	616166812
6 Account type: <input checked="" type="checkbox"/> Personal checking <input type="checkbox"/> Personal savings <input type="checkbox"/> Business checking <input type="checkbox"/> Business savings		

Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2022 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2022 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2022 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature	ate
Spouse's signature (jointly filed return only)	Date

Part C – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2022 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2022 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2022 New York State electronic return

is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2022 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

ERO's signature	Print name GLOBAL TAXES LLC	Date
Paid preparer's signature	Print name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 04182023



Department of Taxation and Finance

Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-203

For the year January 1, 2022, through December 31, 2022, or fiscal year beginning **22**
and ending

For help completing your return, see the instructions, Form IT-203-I.

Your first name and middle initial VINEEL		Your last name (for a joint return, enter spouse's name on line below) YELLAPANTULA		Your date of birth (mmddyyyy) 02251996	Your Social Security number 084396225
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (mmddyyyy)	Spouse's Social Security number
Mailing address (see instructions) (number and street or PO Box) 950 MARIETTA ST NW				Apartment number 5001	New York State county of residence NR
City, village, or post office ATLANTA		State GA	ZIP code 30318	Country UNITED STATES	School district name NR
Taxpayer's permanent home address (see instructions) (no. and street or rural route)				Apartment no.	City, village, or post office
				School district code number	
State	ZIP code	Country		Decedent information	Taxpayer's date of death
					Spouse's date of death

A Filing status (mark an X in one box):

- ① Single
- ② Married filing joint return (enter both spouses' Social Security numbers above)
- ③ Married filing separate return (enter both spouses' Social Security numbers above)
- ④ Head of household (with qualifying person)
- ⑤ Qualifying surviving spouse

B Did you itemize your deductions on your 2022 federal income tax return? Yes No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No

D1 Did you have a financial account located in a foreign country? Yes No



D2 Yonkers part-year residents only:

(1) Did you receive a homeowner tax rebate credit? (see instructions) Yes No

(2) Enter the amount

E New York City part-year residents only

(1) Number of months you lived in NY City in 2022

(2) Number of months your spouse lived in NY City in 2022

F Enter your 2-character special condition code(s) if applicable

G New York State part-year residents

Enter the date you moved into or out of NYS (mmddyyyy)

On the last day of the tax year (mark an X in one box):

- 1) Lived in NYS
- 2) Lived outside NYS; received income from NYS sources during nonresident period
- 3) Lived outside NYS; received no income from NYS sources during nonresident period

H Did you or your spouse maintain living quarters in NYS in 2022? Yes No
(if Yes, complete Form IT-203-B)

I Dependent information

First name and middle initial	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)

If more than 6 dependents, mark an X in the box.



203001223555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your Social Security number
084396225

Federal income and adjustments	Federal amount Whole dollars only		New York State amount Whole dollars only	
1 Wages, salaries, tips, etc.	1	118153.00	1	12301.00
2 Taxable interest income	2	.00	2	.00
3 Ordinary dividends	3	.00	3	.00
4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24)	4	.00	4	.00
5 Alimony received	5	.00	5	.00
6 Business income or loss (submit a copy of federal Sch. C, Form 1040)	6	.00	6	.00
7 Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040)	7	.00	7	.00
8 Other gains or losses (submit a copy of federal Form 4797)	8	.00	8	.00
9 Taxable amount of IRA distributions. Beneficiaries: mark X in box <input type="checkbox"/>	9	.00	9	.00
10 Taxable amount of pensions/annuities. Beneficiaries: mark X in box <input type="checkbox"/>	10	.00	10	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040)	11	-10100.00	11	.00
12 Rental real estate included in line 11 (federal amount) 12.		-10100.00		
13 Farm income or loss (submit a copy of federal Sch. F, Form 1040)	13	.00	13	.00
14 Unemployment compensation.....	14	.00	14	.00
15 Taxable amount of Social Security benefits (also enter on line 26)	15	.00	15	.00
16 Other income Identify: FM8889 HLTH SAV	16	500.00	16	.00
17 Add lines 1 through 11 and 13 through 16	17	108553.00	17	12301.00
18 Total federal adjustments to income Identify:	18	.00	18	.00
19 Federal adjusted gross income (subtract line 18 from line 17) ..	19	108553.00	19	12301.00
19a Recomputed federal adjusted gross income (see Line 19a worksheets)	19a	108553.00	19a	12301.00

New York additions				
20 Interest income on state and local bonds and obligations (but not those of New York State or its localities)	20	.00	20	.00
21 Public employee 414(h) retirement contributions	21	.00	21	.00
22 Other (Form IT-225, line 9)	22	.00	22	.00
23 Add lines 19a through 22	23	108553.00	23	12301.00

New York subtractions				
24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	24	.00	24	.00
25 Pensions of NYS and local governments and the federal government	25	.00	25	.00
26 Taxable amount of Social Security benefits (from line 15)	26	.00	26	.00
27 Interest income on U.S. government bonds	27	.00	27	.00
28 Pension and annuity income exclusion	28	.00	28	.00
29 Other (Form IT-225, line 18)	29	.00	29	.00
30 Add lines 24 through 29	30	.00	30	.00
31 New York adjusted gross income (subtract line 30 from line 23)	31	108553.00	31	12301.00

32 Enter the amount from line 31, **Federal amount** column **32** 108553.00

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Standard deduction or itemized deduction

33 Enter your **standard deduction** or your **itemized deduction** (from Form IT-196).
Mark an **X** in the appropriate box: ... **Standard** – or – **Itemized**

33	8000.00
34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	100553.00
35 Dependent exemptions (enter the number of dependents listed in Item I; see instructions)	000.00
36 New York taxable income (subtract line 35 from line 34)	100553.00

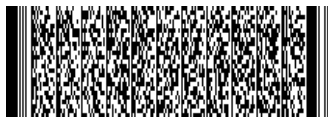
Tax computation, credits, and other taxes

37 New York taxable income (from line 36)	100553.00
38 New York State tax on line 37 amount	5758.00
39 New York State household credit	.00
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	5758.00
41 New York State child and dependent care credit	.00
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	5758.00
43 New York State earned income credit	.00
44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	5758.00
45 Income percentage <input type="text"/> New York State amount from line 31 12301.00 ÷ Federal amount from line 31 108553.00 = Round result to 4 decimal places 0.1133	
46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	652.00
47 New York State nonrefundable credits (Form IT-203-ATT, line 8)	.00
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	652.00
49 Net other New York State taxes (Form IT-203-ATT, line 33)	.00
50 Total New York State taxes (add lines 48 and 49)	652.00

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

51 Part-year New York City resident tax (Form IT-360.1)	51	.00	See instructions to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.
52 Part-year resident nonrefundable New York City child and dependent care credit	52	.00	
52a Subtract line 52 from 51	52a	.00	
52b MCTMT net earnings base	52b	.00	
52c MCTMT	52c	.00	
53 Yonkers nonresident earnings tax (Form Y-203)	53	.00	
54 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	54	.00	
55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54)	55	.00	
56 Sales or use tax (Do not leave blank.)	56	0.00	
57 Voluntary contributions (Form IT-227, Part 2, line 1)	57	.00	
58 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 50, 55, 56, and 57)	58	652.00	

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Enter your Social Security number
084396225

59 Enter amount from line 58 59 652 .00

Payments and refundable credits

Table with 2 columns: Description and Amount. Rows include NYC school tax credit, other refundable credits, and total payments and refundable credits.

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return. Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information

Table with 2 columns: Description and Amount. Rows include amount overpaid, amount available for refund, and total refund after NYS 529 account deposit.

Mark one refund choice: [X] direct deposit to checking or savings account (fill in line 73) - or - [] paper check

Refund? Direct deposit is the easiest, fastest way to get your refund. See instructions for payment options.

Table with 2 columns: Description and Amount. Rows include amount applied to 2023 tax, amount owed, and estimated tax penalty.

See instructions for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal. If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box []

73a Account type: [X] Personal checking - or - [] Personal savings - or - [] Business checking - or - [] Business savings

73b Routing number 021000021 73c Account number 616166812

74 Electronic funds withdrawal Date [] Amount [] .00

Third-party designee? (see instr.) Print designee's name, Designee's phone number, Personal identification number (PIN), Email.

Paid preparer must complete: Preparer's signature, printed name, firm's name, address, PTIN or SSN, employer identification number, date.

Taxpayer(s) must sign here: Your signature, occupation, spouse's signature and occupation, date, daytime phone number, email.

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM





Department of Taxation and Finance

Passive Activity Loss Limitations

For Nonresidents and Part-Year Residents

IT-182

Submit with your Form IT-203 or IT-205.

Name as shown on return VINEEL YELLAPANTULA	Identifying number as shown on return 084396225
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See the instructions on page 4, before completing this form.

Part I – Passive activity loss (see instructions)

Rental real estate activities with active participation

1a Activities with net income from Part IV, column (a)	1a	0 .00	
1b Activities with net loss from Part IV, column (b)	1b	-10100 .00	
1c Prior years unallowed losses from Part IV, column (c) (see instructions)	1c	.00	
1d Add lines 1a, 1b, and 1c.....	1d		-10100 .00

All other passive activities

2a Activities with net income from Part V, column (a)	2a	.00	
2b Activities with net loss from Part V, column (b)	2b	.00	
2c Prior years unallowed losses from Part V, column (c) (see instructions)	2c	.00	
2d Add lines 2a, 2b, and 2c.....	2d		.00

3 Add lines 1d and 2d. **Note:** If this line is zero or more, stop here and submit this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used. **3** -10100 .00

If line 3 is a loss and: • Line 1d is a loss, go to Part II.
• Line 2d is a loss (and line 1d is zero or more), skip Part II and go to Part III, line 10.

Caution: If married filing separately, filing status Ⓢ, and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Part II – Special allowance for rental real estate activities with active participation (see instructions)

Note: Enter all numbers in Part II as positive amounts (greater than zero). See instructions.

4 Enter the smaller of the loss on line 1d or the loss on line 3.....	4	10100 .00	
5 Enter 150,000 (if married filing separately, see instructions)	5	150000 .00	
6 Enter federal modified adjusted gross income, but not less than zero (see instr.)	6	118653 .00	
Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8, and leave line 9 blank. Otherwise, go to line 7.			
7 Subtract line 6 from line 5	7	31347 .00	
8 Multiply line 7 by 50% (.5). Do not enter more than 25,000. (If married filing separately, filing status Ⓢ, see instr.) ..	8	15674 .00	
9 Enter the smaller of line 4 or line 8	9	10100 .00	

Part III – Total losses allowed

10 Add the income, if any, from lines 1a and 2a and enter the total	10	0 .00	
11 Total losses allowed from all passive activities for this year. (Add lines 9 and 10. See the instructions to find out how to report the losses on your return.)	11		10100 .00

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Part IV – For Part I, lines 1a, 1b, and 1c (see instructions)

Name of activity/property description and address	Date of acquisition	Date of sale	Current year		Prior years	Overall gain or loss	
			(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
B3, JYOTHI APARTMENTS			0 .00	10100 .00	.00	.00	10100 .00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
Totals. Enter on Part I, lines 1a, 1b, and 1c.....			0 .00	10100 .00	.00		

Part V – For Part I, lines 2a, 2b, and 2c (see instructions)

Name of activity/property description and address	Date of acquisition	Date of sale	Current year		Prior years	Overall gain or loss	
			(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
Totals. Enter on Part I, lines 2a, 2b, and 2c.....			.00	.00	.00		

Part VI – Use this Part if an amount is shown on Part II, line 9 (see instructions)

Name of activity/property description and address	Form or schedule and line number to be reported on	(a) Loss	(b) Ratio	(c) Special Allowance	(d) Subtract column (c) from column (a)
B3, JYOTHI APARTMENTS	E LN 22	10100 .00	1.00000000	10100 .00	0 .00
		.00		.00	.00
		.00		.00	.00
		.00		.00	.00
Totals.....		10100 .00	1.00	10100 .00	0 .00

Part VII – Allocation of unallowed losses (see instructions)

Name of activity/property description and address	Form or schedule and line number to be reported on	(a) Loss	(b) Ratio	(c) Unallowed loss
		.00		.00
		.00		.00
		.00		.00
		.00		.00
Totals.....		.00	1.00	.00



Part VIII – Allowed losses (see instructions)

Name of activity/property description and address	Form or schedule and line number to be reported on	(a) Loss	(b) Unallowed loss	(c) Allowed loss
		.00	.00	.00
		.00	.00	.00
		.00	.00	.00
		.00	.00	.00
Totals .....		.00	.00	.00

Part IX – Activities with losses reported on two or more different forms or schedules (see instructions)

Name of activity/property description and address:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions): _____					
1a Net loss plus prior year unallowed loss from form or schedule .....	.00				
1b Net income from form or schedule .....	.00				
1c Subtract line 1b from line 1a. If zero or less, leave blank .....		.00		.00	.00
Form or schedule and line number to be reported on (see instructions): _____					
1a Net loss plus prior year unallowed loss from form or schedule .....	.00				
1b Net income from form or schedule .....	.00				
1c Subtract line 1b from line 1a. If zero or less, leave blank.....		.00		.00	.00
Form or schedule and line number to be reported on (see instructions): _____					
1a Net loss plus prior year unallowed loss from form or schedule .....	.00				
1b Net income from form or schedule .....	.00				
1c Subtract line 1b from line 1a. If zero or less, leave blank.....		.00		.00	.00
Totals00	1.00	.00	.00

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Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

W-2 Record 1

Box a Employee's Social Security number for this W-2 Record

084396225

Box b Employer identification number (EIN)

043063840

Box c Employer's information

Employer's name PANAGORA ASSET MANAGEMENT INC			
Employer's address (number and street) 100 FEDERAL STREET			
City BOSTON	State MA	ZIP code 02110	Country

Box 1 Wages, tips, other compensation

9714.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

12.00

Code

C

Box 12b Amount

528.00

Code

D

Box 12c Amount

500.00

Code

W

Box 12d Amount

1103.00

Code

D D

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

N | Y

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state

M | A

Box 16b Other state wages, tips, etc.

9714.00

Box 17b Other state income tax withheld

447.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

Do not detach.

W-2 Record 2

Box a Employee's Social Security number for this W-2 Record

084396225

Box b Employer identification number (EIN)

581995394

Box c Employer's information

Employer's name INVESCO GROUP SERVICES INC INVESCO GROUP SERVICES			
Employer's address (number and street) 1555 PEACHTREE ST. NE			
City ATLANTA	State GA	ZIP code 30309	Country

Box 1 Wages, tips, other compensation

108439.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

5400.00

Code

D

Box 12b Amount

3650.00

Code

W

Box 12c Amount

6829.00

Code

D D

Box 12d Amount

.00

Code

Box 14a Amount

3.00

Description

SDI

Box 14b Amount

63.00

Description

PFL

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

N | Y

Box 16a NYS wages, tips, etc.

12301.00

Box 17a NYS income tax withheld

694.00

Other state information:

Box 15b other state

G | A

Box 16b Other state wages, tips, etc.

96138.00

Box 17b Other state income tax withheld

5166.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

102001223555





Form M-8453 Individual Income Tax Declaration for Electronic Filing

2022
Massachusetts
Department of
Revenue

Please print or type. Privacy Act Notice available upon request. For the year January 1–December 31, 2022.

Your first name and initial VINEEL YELLAPANTULA	Last name	Your Social Security number 084396225
If a joint return, spouse's first name and initial	Last name	Spouse's Social Security number
Present street address (and apartment number) 950 MARIETTA ST NW APT NO 5001		
City/Town/Post Office ATLANTA	State GA	Zip 30318
Filing status: <input checked="" type="radio"/> Single <input type="radio"/> Married filing jointly <input type="radio"/> Married filing separately <input type="radio"/> Head of household		

Part 1. Tax Return Information for Electronic Filing

1 Total 5.0% income (from Form 1, line 10, or Form 1-NR/PY, line 12)	1	-386
2 Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36)	2	
3 Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38)	3	
4 Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42)	4	447
5 Refund amount (from Form 1, line 53, or Form 1-NR/PY, line 57)	5	447
6 Tax due (from Form 1, line 54, or Form 1-NR/PY, line 58)	6	

Part 2. Declaration and Signature of Taxpayer

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2022 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

Your signature	Date	Spouse's signature	Date
----------------	------	--------------------	------

Part 3. Declaration and Signature of Electronic Return Originator (ERO)

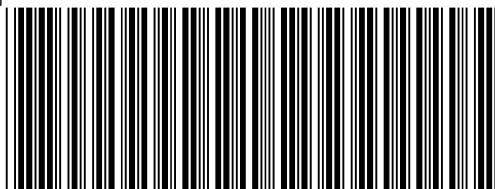
I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

ERO's signature and SSN or PTIN	Date	EIN		<input type="radio"/> Fill in if self-employed
	04182023	882145487		
Firm name (or yours, if self-employed) and address	City/Town	State	Zip	<input type="radio"/> Fill in if also paid preparer
GLOBAL TAXES LLC 245 ROONEY CT	E BRUNSWICK	NJ	08816	

Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Paid preparer's signature and SSN or PTIN	Date	EIN		<input type="radio"/> Fill in if self-employed
P02082703	04182023	843171965		
Firm name (or yours, if self-employed) and address	City/Town	State	Zip	
SYAM PRIYA RAM SAGAR GUPTA TALLAM 245 ROONEY CT	E BRUNSWICK	NJ	08816	



2022 Form 1-NR/PY

MA22006011555

Massachusetts Nonresident/Part-Year Resident
Income Tax Return

For the year January 1–December 31, 2022 or other taxable

Year beginning

Ending

VINEEL

YELLAPANTULA

084396225

950 MARIETTA ST NW

ATLANTA

GA 30318
5001

Fill in if: Amended return Other jurisdiction change Enter date of change
Federal amendment Amended return due to IRS BBA Partnership Audit

State Election Campaign Fund:

Fill in if veteran of Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula

Taxpayer deceased

Fill in if under age 18

Fill in if name change

\$1 You	\$1 Spouse	TOTAL
You	Spouse	
You	Spouse	
You	Spouse	
You	Spouse	

Check one: Nonresident Filing as both nonresident and part-year resident

Part-year resident

Nonresident composite

a. Total federal income 108553

b. Federal adjusted gross income 108553

1. Filing status (select one only): Single

Married filing jointly

Married filing separate return

Head of household

You are a custodial parent who has released claim to exemption for child(ren)

2. Part-year residents. Enter dates as Massachusetts resident: From 01012022 To 02252022

3. Total days as Massachusetts resident 56 ÷ 365 = 1534 3

Fill in if noncustodial parent

Fill in if filing Schedule TDS

Fill in if filing Schedule FCI

Fill in if reporting crypto currency

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature

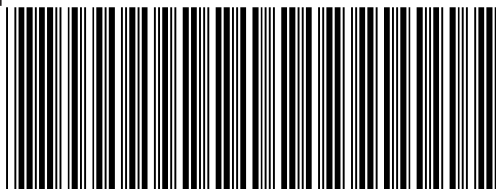
Date

Spouse's signature

Date

607-379-8437

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



2022 Form 1-NR/PY, pg. 2

MA22006021555

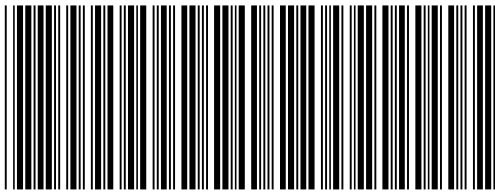
Massachusetts Nonresident/

Part-Year Resident Income Tax Return

084396225

4. Exemptions:			
a. Personal exemptions		4a	4400
b. Number of dependents. (Do not include yourself or your spouse.) Enter number		$\times \$1,000 =$ 4b	
c. Age 65 or over before 2023	You + Spouse =	$\times \$700 =$ 4c	
d. Blindness	You + Spouse =	$\times \$2,200 =$ 4d	
e. Medical/dental		4e	
f. Adoption		4f	
g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a		4g	4400
5. Wages, salaries, tips		5	9714
6. Taxable pensions and annuities		6	
7. Mass. bank interest: a.	- b. exemption	= 7	
8. Business/profession income/loss a.	+ b. Farming income/loss	= 8	
9. Rental, royalty and REMIC, partnership, S corp., trust income/loss		9	-10100
10a. Unemployment		10a	
10b. Mass. lottery winnings		10b	
11. Other income		11	
12. TOTAL 5.0% INCOME		12	-386
13. NONRESIDENT APPORTIONMENT WORKSHEET. You cannot apportion Mass. wages as shown on Form W-2. Do not use this worksheet if you know the exact amount of your Mass. source income. Only use when income from employment/business is earned both inside and outside Mass. and the exact Mass. amount is not known. Basis:	working days	miles	sales
	other:		
Working days (or other basis) outside Massachusetts		13a	
Working days (or other basis) inside Massachusetts		13b	
Total working days		13c	
Nonworking days (holidays, weekends, etc.)		13d	
Massachusetts ratio		13e	
Total income being apportioned. You cannot apportion Massachusetts wages as shown on Form W-2		13f	
Massachusetts income		13g	

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2022 Form 1-NR/PY, pg. 3

MA22006031555

Massachusetts Nonresident/

Part-Year Resident Income Tax Return

VINEEL

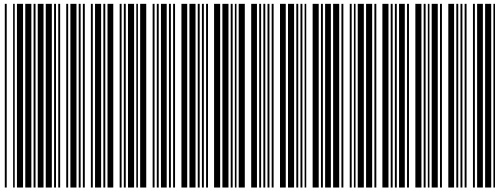
YELLAPANTULA

084396225

14. NONRESIDENT DEDUCTION AND EXEMPTION RATIO

a. Total 5.0% income	14a	
b. Interest income	14b	
c. Total capital gain income	14c	
d. Total income this return	14d	
e. Non-Massachusetts source income. Not less than "0"	14e	
f. Total income	14f	
g. Deduction and exemption ratio	14g	
15a. Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	15a	2000
15b. Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	15b	
16. Reserved for future use	16	
17. Reserved for future use	17	
18. Rental deduction. a.	÷ 2 = 18	
Nonresidents, fill in if during 2022 you did not have a family home or any dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future		
19. Other deductions from Schedule Y, line 19	19	
20. Total deductions. Add lines 15 through 19	20	2000
21. 5.0% INCOME AFTER DEDUCTIONS. Subtract line 20 from line 12. Not less than "0"	21	
22. Exemption amount. a. 4400	22	675
23. 5.0% INCOME AFTER EXEMPTIONS. Subtract line 22 from line 21. Not less than "0"	23	
24. INTEREST AND DIVIDEND INCOME	24	
25. TOTAL TAXABLE 5.0% INCOME. Add lines 23 and 24	25	
26. TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 25 and the amount in Schedule D, line 21 by .0585	26	

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1

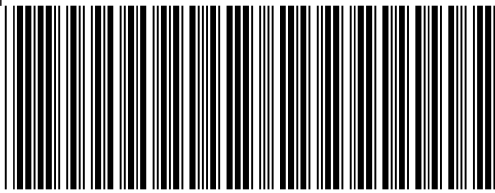


2022 Form 1-NR/PY, pg. 4

MA22006041555
Massachusetts Nonresident/
Part-Year Resident Income Tax Return
084396225

27.	12% INCOME. Not less than "0." a.		x .12 =	27	
28.	TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS			28	
	Fill in if any excess exemptions were used in calculating lines 24, 27 or 28				
29.	Credit recapture amount (from Credit Recapture Schedule)			29	
30.	Additional tax on installment sale			30	
31.	If you qualify for No Tax Status, fill in and enter "0" on line 32				
32.	TOTAL INCOME TAX. Add lines 26 through 30.			32	
33.	Limited Income Credit			33	
34.	Income tax due to another state or jurisdiction			34	
35.	Other credits (from Credit Manager Schedule)			35	
36.	INCOME TAX AFTER CREDITS. Subtract the total of lines 33 through 35 from line 32. Not less than "0"			36	
37.	Voluntary Contributions				
	a. Endangered Wildlife Conservation			37a	
	b. Organ Transplant Fund			37b	
	c. Massachusetts Public Health HIV and Hepatitis Fund			37c	
	d. Massachusetts U.S. Olympic Fund			37d	
	e. Massachusetts Military Family Relief Fund			37e	
	f. Homeless Animal Prevention and Care			37f	
	Total. Add lines 37a through 37f			37	
38.	Use tax due on Internet, mail order and other out-of-state purchases			38	
39.	Health care penalty a. You + b. Spouse			39	
40.	Amended return only. Overpayment from original return			40	
41.	INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 36 through 40			41	
42.	a. Massachusetts income tax withheld from Form(s) W-2	42a	4 4 7		
	b. Massachusetts income tax withheld from Form(s) 1099	42b			
	c. Massachusetts income tax withheld from other forms	42c			
	Total. Add lines 42a through 42c			42	4 4 7

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2022 Schedule INC
MA22INC011555

VINEEL

YELLAPANTULA

084396225

Form W-2 and 1099 Information

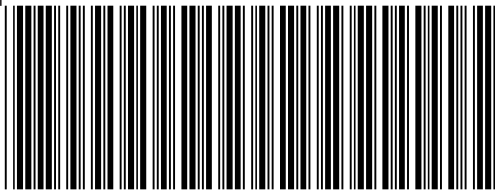
A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
043063840	447	9714	784		W2

TOTALS

447

9714

784



2022 Schedule NTS-L-NRPY

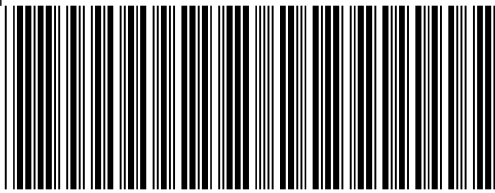
MA22021011555

No Tax Status and Limited Income Credit

084396225

Schedule NTS-L-NRPY. No Tax Status and Limited Income Credit

1. Total 5.0% income	1	
2. Adjustments to income	2	
3. Adjusted 5.0% income. Subtract line 2 from line 1. Do not enter if less than "0"	3	
4. Interest exemption used	4	
5. Adjusted gross interest, dividends and certain capital gains	5	
6. Long-term capital gain	6	
7. Additional income/loss while a nonresident/part-year resident	7	108939
8. Total income. Combine lines 3 through 7	8	108939
9. Additional adjustments to income while a nonresident/part-year resident	9	
10. Massachusetts Adjusted Gross Income (AGI)	10	108939
If you are single and the total in line 10 is \$8,000 or less, you qualify for No Tax Status		
11. If married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$16,400 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$14,400 to that amount	11	
12. If you do not qualify for No Tax Status and you are married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$28,700 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$25,200 to that amount	12	
13. No Tax Status threshold	13	
14. Income for Limited Income Credit	14	
15. Tax before adjustments	15	
16. Tax for Limited Income Credit	16	
17. Limited Income Credit	17	



2022 Schedule E

MA22013041555

VINEEL

YELLAPANTULA

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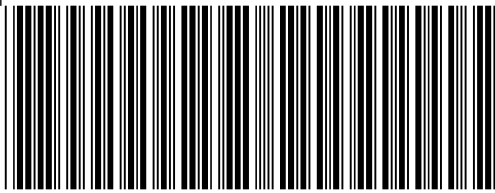
Income or Loss from Real Estate and Royalties

Income

1. Rents received	1	550
2. Royalties received	2	

Expenses

3. Advertising	3	
4. Auto and travel	4	
5. Cleaning and maintenance	5	950
6. Commissions	6	
7. Insurance	7	
8. Legal and other professional fees	8	
9. Management fees	9	1450
10. Mortgage interest paid to banks, etc.	10	
11. Other interest	11	
12. Repairs	12	3450
13. Supplies	13	2650
14. Taxes	14	
15. Utilities	15	2150
16. Other expenses	16	
17. Add lines 3 through 16	17	10650
18. Depreciation expense or depletion	18	
19. Total expenses. Add lines 17 and 18	19	10650
20. Income or loss from rental real estate or royalty properties	20	-10100
21. Deductible rental real estate loss	21	-10100
22. Income. Enter positive amounts shown on line 20	22	
23. Losses. Add royalty losses from line 20 and real estate losses from line 21	23	-10100
24. Rental real estate and royalty income or loss	24	-10100



2022 Schedule E, pg. 2

MA22013051555

084396225

Income or Loss from Partnerships and S Corporations

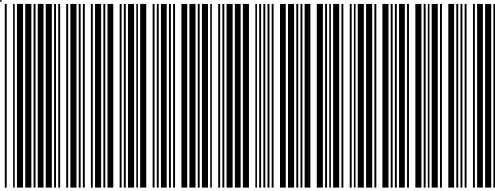
25. Passive loss allowed	25
26. Passive income	26
27. Non-passive loss	27
28. Section 179 expense deduction	28
29. Non-passive income	29
30. Combine lines 26 and 29	30
31. Combine lines 25, 27 and 28	31
32. Partnership and S corporation income or loss. Combine lines 30 and 31	32
33. Interest (other than MA banks) and dividends if included in line 32	33
34. Interest from Massachusetts banks if included in line 32	34
35. Total income or loss from partnerships and S corporations	35
36. Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses	

Income or Loss from Estates and Trusts

37. Passive deduction or loss allowed	37
38. Passive income	38
39. Non-passive deduction or loss	39
40. Non-passive other income	40
41. Add lines 38 and 40	41
42. Add lines 37 and 39	42
43. Estate and trust income or loss. Combine lines 41 and 42	43
44. Estate or non-grantor-type trust income	44
45. Grantor-type trust and non-Massachusetts estate and trust income	45
46. Interest and dividends if included in line 45	46
47. Adjustments to 5.0% income	47
48. Subtotal. Combine lines 46 and 47	48
49. Income or loss from grantor type and non-Mass estates and trusts	49

Income or Loss from REMICs

50. Excess inclusion	50
51. Taxable income or loss	51
52. Income	52
53. Combine lines 51 and 52	53



2022 Schedule E, pg. 3

MA22013061555

084396225

Farm Income

54. Net farm rental income or loss

54

Summary

55. Income or loss. Combine lines 24, 35, 49, 53 and 54

55

-10100

56. Massachusetts differences Enclose statements

56

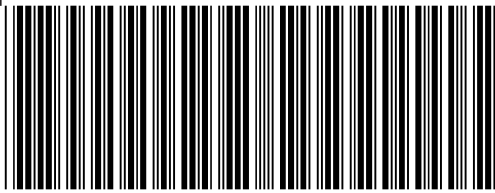
57. Abandoned building renovation deduction

57

58. Total income or loss. Combine lines 55 through 57

58

-10100



2022 Schedule E-1

MA22013011555

VINEEL YELLAPANTULA 084396225

B3, JYOTHI APARTMENTS, D.K.RO

B3, JYOTHI APARTMENTS AMEERPET, HYDERABAD

Check one: Real estate Royalty Rental property used for short-term rentals

Income or Loss from Real Estate and Royalties

Income

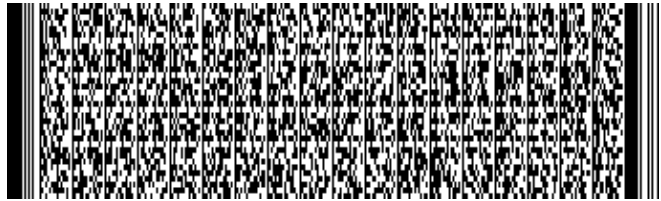
1. Rents received	1	550
2. Royalties received	2	

Expenses

3. Advertising	3	
4. Auto and travel	4	
5. Cleaning and maintenance	5	950
6. Commissions	6	
7. Insurance	7	
8. Legal and other professional fees	8	
9. Management fees	9	1450
10. Mortgage interest paid to banks, etc	10	
11. Other interest	11	
12. Repairs	12	3450
13. Supplies	13	2650
14. Taxes	14	
15. Utilities	15	2150
16. Other expenses	16	
17. Add lines 3 through 16	17	10650
18. Depreciation expense or depletion	18	
19. Total expenses. Add lines 17 and 18	19	10650
20. Income or loss from rental real estate or royalty properties	20	-10100
21. Deductible rental real estate loss	21	-10100
22. Income. Enter positive amounts shown on line 20	22	
23. Losses. Enter royalty losses from line 20 or rental real estate loss from line 21	23	-10100
24. Rental real estate and royalty income or loss	24	-10100
25. Check if this rental property was used by you or your family for more than 14 days or more than 10 percent of the total number of days that the property was rented at fair market value		



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

070654809

YOUR FIRST NAME
1. VINEEL

MI YOUR SOCIAL SECURITY NUMBER
084-39-6225

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

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. 950 MARIETTA ST NW

APT NO 5001

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

STATE ZIP CODE
GA 30318

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number 4. 2

Residency Status

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT 02/26/2022 TO 12/31/2022 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
 084-39-6225

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. 108553
 (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.



2300411534

YOUR SOCIAL SECURITY NUMBER
084-39-6225

Page 3

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.	88965	
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.	88965	
16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet)	16.	4943	
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.		4943

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			
581995394											
3. EMPLOYER/PAYER STATE WITHHOLDING ID				3. EMPLOYER/PAYER STATE WITHHOLDING ID				3. EMPLOYER/PAYER STATE WITHHOLDING ID			
3064322UF											
4. GA WAGES / INCOME				4. GA WAGES / INCOME				4. GA WAGES / INCOME			
96138											
5. GA TAX WITHHELD				5. GA TAX WITHHELD				5. GA TAX WITHHELD			
5166											

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

This Page (3) is required for processing



YOUR SOCIAL SECURITY NUMBER
 084-39-6225

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. Georgia Income Tax Withheld on Wages and 1099s	23.	5166
<small>(Enter Tax Withheld Only and include W-2s and/or 1099s)</small>		
24. Other Georgia Income Tax Withheld	24.	
<small>(Must include G2-A, G2-FL, G2-LP and/or G2-RP)</small>		
25. Estimated Tax paid for 2022 and Form IT-560	25.	
26. Schedule 2B Refundable Tax Credits	26.	
<small>(Cannot be claimed unless filed electronically)</small>		
27. Total prepayment credits (Add Lines 23, 24, 25 and 26)	27.	5166
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.	223
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.	
<small>(No gift of less than \$1.00)</small>		



2307411514

YOUR SOCIAL SECURITY NUMBER

084-39-6225

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 118153	1. WAGES, SALARIES, TIPS, etc 22015	1. WAGES, SALARIES, TIPS, etc 96138
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) -9600	4. OTHER INCOME OR (LOSS) -9600	4. OTHER INCOME OR (LOSS) 0
5. TOTAL INCOME: TOTAL LINES 1 THRU 4 108553	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 12415	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 96138
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 108553	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 12415	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 96138
9. RATIO: Divide Line 8, Column C by Line 8, Column A enter percentage or check the box for Time Ratio. Enter percentage.....	9. 88.56	% 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.	7173
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.	88965