



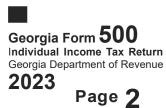
Georgia Form 500 (Rev. 08/30/23) Individual Income Tax Return

Georgia Department of Revenue

2023 (Approved software version)

Page 1

Fiscal Year Beginning	STATE ISSUED						
Fiscal Year Ending	YOUR DRIVER'S LICENSE/STATE ID						
YOUR FIRST NAME 1. PRANEETH		МІ	YOUR SOCIALS		BER		
LAST NAME (For Name Change See IT-5 PABBA	11 Tax Booklet)		S	UFFIX			
SPOUSE'S FIRST NAME		мі	SPOUSE'S SOC	IAL SECURITY	NUMBER		
ANUSHA			983-98-			DEPARTM	ENT USE ONLY
last name GANDE			S	UFFIX			
ADDRESS (NUMBER AND STREET or P.O. BO 2. 493 RAVINE DR	X) (Use 2nd address lir	ne for Apt,	Suite or Building	Number) CHE	CK IF ADDRESS HAS CHANGED		
CITY (Please insert a space if the city has mul 3. WOODSTOCK	tiple names)		state GA	zip code 30188			
(COUNTRY IF FOREIGN)							
4. Enter your Residency Status with the ap	opropriate number					Residency Status	s . 1
1. FULL- YEAR RESIDENT 2. PART- YEAR RESI	DENT		тс)		3. NONF	RESIDENT
Omit Lines 9 thru 14 and use Fo	orm 500 Schedu	le 3 if y	vou are a pai	rt-year or n	onresident filer.	Filing Status	
5. Enter Filing Status with appropriate le	ottor (Soo IT-511	Tax Boo	(lot)			0	В
			(iet)				Б
A. Single B. Married filing joint C. Married filing s	eparate (Spouse's soci	al security	number must be e	ntered above) D	Head of Household or Q	ualifying Surv	viving Spouse
6. Number of exemptions (Check appro	priate box(es) and	l enter t	otal in 6c.) 6	6a. Yourself	X 6b. Spouse	× 6c.	2
7a. Number of Qualified Dependents*	7b. Number	of Unbo	rn Dependents	s 7 c	Total Number of D	ependents	
*Enter details on Line 7d., and DO No	OT include yourself		-			Booklet. EV 01/29/24 PF	RO





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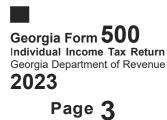
 7d. Qualified Dependents. (If you have more than 4 dependents, attach a list of additional dependents).

 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 m	ninus sign (-). Example -3456.

8.	Federal adjusted gross in	come (From Fed	eral Form 1	040)	. 8.	111917
				ount on Line 8 is \$40,000 or 1040 Pages 1, 2, and Sche		s income is less than your
9.	Adjustments from Form 5	500 Schedule 1 (S	See IT-511	Tax Booklet)	9.	
10.	Georgia adjusted gross ir	ncome (Net total o	of Line 8 an	d Line 9)	10.	111917
11.	Standard Deduction (Do r (See IT-511 Tax Bookle		_ STANDAF	RD DEDUCTION)	11a.	7100
	b. Self: 65 or over?	Blind?	Total	x 1,300=	11b.	
	Spouse: 65 or over? c. Total Standard Deduc Use EITHER Line 11c (oth lines)	11c.	7100
12.	Total Itemized Deductions	used in computing	Federal Ta	xable Income. If you use iter	nized deductions, yc	ou must include Federal Schedule A.
	a. Federal Itemized Ded	luctions (Schedule	e A- Form 1	040)	12a.	
	b. Less adjustments: (Se	e IT-511 Tax Boo	klet)		12b.	
	c. Georgia Total Itemized	Deductions			12c.	
13.	Subtract either Line 11c o	or Line 12c from L	ine 10; ent	er balance	13.	104817





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14a. Enter the number from Line 6c. 2 Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.	7400
14b. Enter the number from Line 7c. Multiply by \$3,000	14b.	
14c. Add Lines 14a. and 14b. Enter total	14c.	7400
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	15a.	97417
applying the 80% limitation, see IT-511 Tax Booklet for more information).	15b.	
15c. Georgia Taxable Income (Line 15a less Line 15b)	15c.	97417
16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet)	16.	5366
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)	1 20.	
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	21.	0
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero	22.	5366

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**.

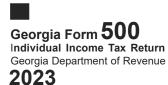
	(INCOME STATEMENT A)	(INCOME STATEMENT B)	(INCOME STATEMENT C)
1.	WITHHOLDING TYPE:	1. WITHHOLDING TYPE:	1. WITHHOLDING TYPE:
	X W-2 G2-A G2-LP	W-2 G2-A G2-LP 1099 G2-FL G2-RP	W-2 G2-A G2-LP 1099 G2-FL G2-RP
2.	1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) X SSN 760690529	1099 G2-FL G2-RP 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	1099 G2-FL G2-RP 2. EMPLOYER/PAYER FEDERAL 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 110759	4. GA WAGES / INCOME	4. GA WAGES / INCOME
5.	GA TAX WITHHELD 5885	5. GA TAX WITHHELD	5. GA TAX WITHHELD

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4. All Pages (1-5) are required for processing

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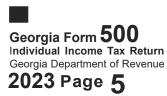
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	(INCOME STATEMENT D)		(INCOME STAT	EMENT E)			(INCOME STATE	MENT F)	
1.	WITHHOLDING TYPE:	1.	WITHHOLDING	TYPE:		1.	WITHHOLDING T	YPE:	
	W-2 G2-A G2-LP		W-2	G2-A	G2-LP		W-2	G2-A	G2-LP
	1099 G2-FL G2-RP		1099	G2-FL	G2-RP		1099	G2-FL	G2-RP
2.	EMPLOYER/PAYER FEDERAL	2.	EMPLOYER/PA	YER FEDERAI	-	2.	EMPLOYER/PAYE	ER FEDERAL	
	ID NUMBER (FEIN) SSN		ID NUMBER (FE	EIN) SSN	I		ID NUMBER (FEIN	N) SSN	
3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3.	EMPLOYER/PA	YER STATE V	ITHHOLDING ID	3.	EMPLOYER/PAY	'ER STATE W	ITHHOLDING ID
4.	GA WAGES / INCOME	4.	GA WAGES / IN	ICOME		4.	GA WAGES / INC	OME	
5.	GA TAX WITHHELD	5.	GA TAX WITHH	IELD		5.	GA TAX WITHHE	LD	
23.	Georgia Income Tax Withheld on Wage	s an	d 1099s		23.				5885
	(Enter Tax Withheld Only and include W-2s								
24.	Other Georgia Income Tax Withheld (Must include G2-A, G2-FL, G2-LP and/or				. 24.				
25.	Estimated Tax paid for 2023 and Form I	T-56	0		25.				
26.	Schedule 2B Refundable Tax Credits (Cannot be claimed unless filed electron				26.				
27.	Total prepayment credits (Add Lines 23,	24, 2	25 and 26)		27.				5885
28.	If Line 22 exceeds Line 27, subtract Line balance due				00				
20	If Line 27 exceeds Line 22, subtract Line				- 28.				
29.	overpayment				29.				519
30.	Amount to be credited to 2024 ESTIM	ATE	О ТАХ		. 30.				0
31.	Georgia Wildlife Conservation Fund (No	gift	of less than \$1	.00)	31.				
32.	Georgia Fund for Children and Elderly (Nog	ift of less than	\$1.00)	32.				
33.	Georgia Cancer Research Fund (No gif	t of I	ess than \$1.00)	33.				
34.	Georgia Land Conservation Program (N	o gif	t of less than \$	51.00)	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 tl	han	\$1.00)		37.				
38.	Realizing Educational Achievement Can Ha (No gift of less than \$1.00)	open	(REACH) Progra	am	38.				_





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39.	Public Safety Memorial G	rant (No gift of less than \$1.00))	39.		
40.	Disabled Veterans' Schola	rship Fund (No gift of less tha	n \$1.00)	40.		
41.	Form 500 UET (Estimate	d tax penalty) 500 UET exce	eption attached	41.		
42.	Penalty: Late Payment and	d/or Late Filing		42.		
43.	Interest			43.		
44.	MAKE CHECK PAYABLE	28, 31 through 43 TO GEORGIA DEPARTMENT O RTMENT OF REVENUE PROCE A, GA 30374-0399	F REVENUE,	14.		
45.	THIS IS YOUR REFUND	ubtract the sum of Lines 30 thru 4 GIA DEPARTMENT OF REVENU				519
		Deposit information or if yo	ou are a first time fil	er vou will	he issued a naner check	
	Direct Deposit (U.S. Accounts Only	-		ci you wiii		
	Routing		Account			
	Number 061000227			432262	785	
T	axpayer's Signature	(Check box if deceased)	Spouse's Sig	nature	(Check box if deceased)	
-	Taxpayer's Date of Death		Spouse's Da	ate of Death		
	Taxpayer's Signature Date	Taxpayer's Pt 404-324-			Spouse's Signature Date	
	ny account(s).	m authorizing the Georgia Departmen	t of Revenue to electronic	ally notify me a	t the below e-mail address regarding	any updates to
	, , , , , , , , , , , , , , , , , , , ,	m authorizing the Georgia Departmen	t of Revenue to electronic	ally notify me a	t the below e-mail address regarding I authorize DOR to with the named pre	discuss this return
-	ny account(s).		t of Revenue to electronic	Prepare	I authorize DOR to	discuss this return
-	ny account(s). Taxpayer's E-mail Address	AR GUPTA TALLAM	t of Revenue to electronic	Prepare 678– Prepare	I authorize DOR to with the named pre	discuss this return

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