Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879.
 Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpayer's name Social security number KRISHNA BABU KUNDULA 761-84-6806 Spouse's name Spouse's social security number 961-94-4003 HASRITHA PENDURTHI Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.) Part I Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 14,689. 1 1 Ο. 2 2 3 3 1,121. 4 4 2,721. 5 Amount you owe 5 Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

X I authorize GLOBAL TAXES LLC to enter or generate my PIN

Enter five digits, but don't enter all zeros											
	4	6	8	0	6						

my

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your	signature 🕨	

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC 4 4 3 to enter or generate my PIN 0 0 as mv ERO firm name Enter five digits, but don't enter all zeros signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse s signature		- 01	MI			ate			/03/20	024							
		[₩] Practi	tioner ^v l	PIN Me	thod Returns Only—continue	bel	ow										
Part III Certifica	tion and A	Authenti	cation	– Pra	ctitioner PIN Method Only												_
ERO's EFIN/PIN. Ente	er your six-	digit EFIN	followed	d by yo	ur five-digit self-selected PIN.	2	2	2	4	9	6	0	8	2	7	1	

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature ►

Date ► ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So

Date

3/03/2024

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn	202	3	OMB No. 1545	-0074	IRS Use On	ly—Do not v	write or sta	aple in this space.		
For the year Jar		c. 31, 2023, or other tax year beginning			, 2023, endi	ing			, 20			instructions.		
Your first name	and m	iddle initial	Last na	ame						Your se	ocial sec	curity number		
KRISHNA	BAB	1	KUNE	AJTUC						761	84	6806		
		s first name and middle initial										security number		
HASRITH	7		PEND	DURTHI						961	94	4003		
		er and street). If you have a P.O. box, see						A	Apt. no.		-	ection Campaign		
10106 CF	ROWN	E BROOK CIRCLE										vou, or your		
		ce. If you have a foreign address, also co	mplete s	spaces bel	ow.	Sta	te	ZIP c	ode	· · ·	•	jointly, want \$3		
FRANKLIN	J					TN	J	370	67			nd. Checking a not change		
Foreign country				Foreign pr	ovince/state/c	count	ty		n postal code		your tax or refund.			
											Y	ou 🗌 Spouse		
Filing Status	; [Single					Head of h	ouseh	old (HOH)	•				
Check only		Married filing jointly (even if only or	ne had i	income)										
one box.		□ Married filing separately (MFS) □ Qualifying surviving spouse (QSS)												
	lf y	you checked the MFS box, enter the	name o	of your sp	oouse. If you	ı che	ecked the HOF	l or Q	SS box, ent	er the ch	ild's na	me if the		
	qu	alifying person is a child but not you	ır deper	ndent:										
Digital	Ata	ny time during 2023, did you: (a) rece	eive (as	a rewarc	l award or r	navr	ment for prope	rtv or	services): o	r (h) sell				
Assets		hange, or otherwise dispose of a digi										es 🛛 No		
Standard		neone can claim: 🗌 You as a de		· _			a dependent	, (,				
Deduction		Spouse itemizes on a separate retur	n or you	u were a	dual-status a	alien								
Age/Blindnes	s You	: 🗌 Were born before January 2, 1	959	Are bli	ind Spo	use	: 🗌 Was bor	n befo	ore January	2, 1959		s blind		
Dependent	s (see	instructions):		(2) S	ocial security		(3) Relationsh	ip (4	Check the	box if qua	lifies for	(see instructions):		
If more	(1) F	irst name Last name			number		to you		Child tax	credit	Credit fo	or other dependents		
than four	YUV	VAAN SURYA KUNDULA		856	-52-5099	9	Son		X					
dependents, see instruction	e ——													
and check														
here														
Income	1a	Total amount from Form(s) W-2, be	•		,						a 📃	17,689.		
Attach Form(s)	b	Household employee wages not re	•		. ,						_			
W-2 here. Also	С													
attach Forms W-2G and	d													
1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26 									•			
was withheld.	f	Employer-provided adoption bene								. 1	_			
lf you did not get a Form	g	Wages from Form 8919, line 6 .				•		• •		. 10		0		
W-2, see	h	Other earned income (see instructi	,	· · ·		•	· · · ·			. 11	ו	0.		
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		•	1 i					17 600		
		Add lines 1a through 1h	 0-		· · · ·		• • • • •	•••		. 12	_	17,689.		
Attach Sch. B if required.	2a	•	2a				axable interest			. 21	_			
	<u>3a</u>		3a 4a				ordinary divider axable amoun [.]			· 31				
Standard	4a						axable amoun				_			
Deduction for –	5a 6a		5a 6a				axable amoun axable amoun			. 51 . 61	_			
 Single or Married filing 	6a	Social security benefits	6a	method				· · ·			,			
separately, \$13,850	с 7	,			·	•	,	• •				-3,000.		
 Married filing 	8	Capital gain or (loss). Attach Scher Additional income from Schedule						• •		∐ <u>7</u> . 8		5,000.		
jointly or Qualifying	9	Additional income from Schedule Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,						• •		. 9		14,689.		
surviving spouse, \$27,700	9 10	Add lines 12, 20, 30, 40, 50, 60, 7, Adjustments to income from Sche						• •		. 10	_	1-,007.		
 Head of 	11	Subtract line 10 from line 9. This is						• •		. 1'		14,689.		
household, \$20,800	12	Standard deduction or itemized	•	-	-			• •		. 12	_	27,700.		
 If you checked any box under 	13	Qualified business income deduction					 5-А	• •		. 13		21,100.		
Standard	14					099	vл	• •		. 14		27,700.		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer		 s. enter -	0 This is w	0. ur 1	axable incom	 e		. 1		0.		
			5 51 103	, , , , , , , , , , , , , , , , , , , ,	5						-	· ·		

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023	8)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	0.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	0.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	0.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	0.
Payments	25	Federal income tax withheld							
,	а	Form(s) W-2							
	b	Form(s) 1099							
	с	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	,			· · · ·		25d	1,121.
If you have a	26	2023 estimated tax payment						26	
qualifying child,	27	Earned income credit (EIC)		• •		27			
attach Sch. EIC.	28	Additional child tax credit from				28 1	,600.	1	
	29	American opportunity credit	from Form 8863	8. line 8		29	,	1	
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31		1	
	32	Add lines 27, 28, 29, and 31.	32	1,600.					
	33	Add lines 25d, 26, and 32. T	33	2,721.					
Refund	34	If line 33 is more than line 24	34	2,721.					
neruna	35a	Amount of line 34 you want	35a	2,721.					
Direct deposit?	b	Routing number 0 2 1							
See instructions.	ď	Account number 4 8 3							
	36	Amount of line 34 you want a							
Amount	37	Subtract line 33 from line 24	••			36			
You Owe	07	For details on how to pay, ge	37						
	38	Estimated tax penalty (see in				38			
Third Party		you want to allow another							
Designee		tructions	•				omplete b	elow.	🗙 No
	De	signee's		Phone			onal identifi	cation	
	nar			no.			oer (PIN)		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com							
Here			piete. Declaration				1	• •	, ,
	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					SOFTWARE I	ENGINEER	(see in		in, enter it here
See instructions.	Sp	ouse's signature. If a joint return, k	oth must sian.	Date	Spouse's occupat		If the	IRS ser	nt your spouse an
Keep a copy for	-1-		g				Identi	ty Prote	ection PIN, enter it here
your records.					HOME MAKE	R	(see ir	าst.)	
	Ph	one no. (518) 951-504	7	Email address	KRISHNABABUKU	JNDULA@GMAIL.CO	MC		
Paid	Pre	parer's name	Preparer's signat	ure		Date	PTIN	l	Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/27/2024	P02082	703	Self-employed
Use Only	Fin	n's name GLOBAL TAX	Phone	eno. ((678)965-9522				
	Fin	n's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's	s EIN	84-3171965
Go to www.irs.go	ov/Forn	1040 for instructions and the late	st information.		BAA	REV 02/16/24 PRO			Form 1040 (2023)

SCHEDULE	D
(Form 1040)	

Capital Gains and Losses

OMB No. 1545-0074

Attach to Form 1040, 1040-SR, or 1040-NR.

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Go to *www.irs.gov/ScheduleD* for instructions and the latest information.

2023 Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service Name(s) shown on return

KRISHNA BABU KUNDULA & HASRITHA PENDURTHI

Your social security number 761 - 84 - 6806

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?
Yes X No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

lines	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss fr		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, Pa line 2, column (combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	161,398.	153,033.	2,547.		10,912.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1			usts from	5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions		our Capital Loss	-	6	(6,219.)
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	4,693.

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustmen to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, Form(s) 1055	Part II,	combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	24,278.	47 , 982.	1,321.		-22,383.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		• •	. ,	11	
12	Net long-term gain or (loss) from partnerships, S corporat			.,	12	
13					13	
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	-	14	(3,487.)		
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	•	.,		15	-25,870.

Part III Summary 16 Combine lines 7 and 15 and enter the result 16 -21,177. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? **Yes.** Go to line 18. **No.** Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? □ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 3,000.) • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. X No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

BAA REV 02/16/24 PRO

Schedule D (Form 1040) 2023

8949

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

6806

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule	D.
Go to www.irs.gov/Form8949 for instructions and the latest information.	



Name(s) shown on return	Social security number or taxpayer identification number	
KRISHNA BABU KUNDULA & HASRITHA	PENDURTHT	761-84-6806

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, i If you enter an enter a co See the sep	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see <i>Column</i> (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD CRYPTO LLC	01/01/23	12/31/23	1,744.	2,134.			-390.
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	23,719.	19,762.	W	708.	4,665.
APEX CLEARING	01/01/23	12/31/23	135,221.	130,504.	W	1,839.	6,556.
CRYPTO CURRENCY	01/01/23	12/31/23	714.	633.			81.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box (lude on your ne 2 (if Box B	161,398.	153,033.		2,547.	10,912.	

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2023)								Attachment Sequence No. 12A	Page 2	
			1.0011							a construction of the second

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side KRISHNA BABU KUNDULA & HASRITHA PENDURTHI

Social security number or taxpayer identification number 761-84-6806

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below			(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see <i>Column (e)</i> in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).	
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	14,138.	23,614.			-9,476.	
APEX CLEARING	01/01/23	12/31/23	7,853.	21,843.	W	1,321.	-12,669.	
CRYPTO CURRENCY	01/01/23	12/31/23	2,287.	2,525.			-238.	
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked).			24,278.	47,982.		1,321.	-22,383.	

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

REV 02/16/24 PRO

SCHEDULE 8812 (Form 1040)

Department of the Treasury

Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

Attach to	Form	1040.	1040-SR.	or	1040-NR.
/		,		•••	10101010

to www.irs.gov/Schedule8812 for instructions and the latest information

20 Attachment

Internal	Revenue Service Go to www.irs.gov/Scheduleso12 for instructions and the latest information.		Sec	quence No. 41
Name(s	shown on return	Your	social se	curity number
KRIS	INA BABU KUNDULA & HASRITHA PENDURTHI	761	-84-6	806
Par				
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	14,689.
2a	Enter income from Puerto Rico that you excluded			
b	Enter the amounts from lines 45 and 50 of your Form 2555 . . . 2b	0.		
с	Enter the amount from line 15 of your Form 4563 2c			
d	Add lines 2a through 2c		2d	0.
3	Add lines 1 and 2d		3	14,689.
4	Number of qualifying children under age 17 with the required social security number 4	1		
5	Multiply line 4 by \$2,000		5	2,000.
6	Number of other dependents, including any qualifying children who are not under age			
	17 or who do not have the required social security number	0		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. realized and the second seco	sident		
	alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500		7	
8	Add lines 5 and 7		8	2,000.
9	Enter the amount shown below for your filing status.			
	• Married filing jointly—\$400,000			
	• All other filing statuses— $$200,000 \int \dots $		9	400,000.
10	Subtract line 9 from line 3.			
	• If zero or less, enter -0			
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For			
	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	• •	10	0.
11	Multiply line 10 by 5% (0.05)		11	0.
12	Is the amount on line 8 more than the amount on line 11?		12	2,000.
	○ No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.	credit.		
	Yes. Subtract line 11 from line 8. Enter the result.			
13	$ \mbox{ Enter the amount from Credit Limit Worksheet A} $		13	0.
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents .		14	0.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.			
	If the amount on line 12 is more than the amount on line 14, you may be able to take the addit	ional cl	uild tax	credit

e amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

For Paperwork Reduction Act Notice, see your tax return instructions. Schedule 8812 (Form 1040) 2023 BAA REV 02/16/24 PRO

Schedu	le 8812 (Form 1040) 2023		Page 2
Part	II-A Additional Child Tax Credit for All Filers		;
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lin	e 27	🗌
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27	16a	2,000.
b	Number of qualifying children under 17 with the required social security number:1 x \$1,600.		
	Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	1,600.
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17	1,600.
18a	Earned income (see instructions)	_	
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	No. Leave line 19 blank and enter -0- on line 20.		
20	X Yes. Subtract \$2,500 from the amount on line 18a. Enter the result \dots 19 15,189.		0 0 0 0 0
20	Multiply the amount on line 19 by 15% (0.15) and enter the result	20	2,278.
	Next. On line 16b, is the amount \$4,800 or more? ⊠ No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the		
	Smaller of line 17 or line 20 on line 27.		
	Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.		
	Otherwise, go to line 21.		
Part		ts of F	Puerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or		
	if you are a bona fide resident of Puerto Rico, see instructions		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form		
	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22		
23	Add lines 21 and 22		
24	1040 and		
	1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27,		
	and Schedule 3 (Form 1040), line 11.		
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. J 24		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
26	Enter the larger of line 20 or line 25	26	
Dowb	Next, enter the smaller of line 17 or line 26 on line 27.		
	II-C Additional Child Tax Credit	27	1
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	1,600.
	BAA REV 02/16/24 PRO Sc	hedule 8	812 (Form 1040) 2023

9	8867	Paid Preparer's Due Diligence Checkli	st	ОМВ	No. 1545	5-0074	
	ovember 2023)	Earned Income Credit (EIC), American Opportunity Tax Credit (AOT Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACT Credit for Other Dependents (ODC)), and Head of Household (HOH) Filin	⁻ C), C) and		or tax ye 203		
	ent of the Treasury Revenue Service	To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040 Go to www.irs.gov/Form8867 for instructions and the latest inform	-PR, or 1040-SS.	Attachment Sequence No. 70			
Taxpaye	er name(s) shown on	return	Taxpayer identificatio	n number			
KRIS	SHNA BABU K	CUNDULA & HASRITHA PENDURTHI	761-84-680	6			
Prepare	r's name		Preparer tax identifica	ation num	ber		
		1 SAGAR GUPTA TALLAM	P02082703				
Part	Due Dili	gence Requirements					
	benefit(s) claim	propriate box for the credit(s) and/or HOH filing status claimed on the returned (check all that apply).	TC/ODC	the rel		arts I–V HOH	
1		ete the return based on information for the applicable tax year provided obtained by you?	by the taxpayer	Yes X	No	N/A	
2	worksheets for 1040) instruction	claimed on the return, did you complete the applicable EIC and/or C und in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Sched ions, and/or the AOTC worksheet found in the Form 8863 instruction that provides the same information, and all related forms and schedules	lule 8812 (Form s, or your own	X			
3	Did you satisfy the following.	the knowledge requirement? To meet the knowledge requirement, you r	must do both of				
		taxpayer, ask questions, and contemporaneously document the taxpayer at the taxpayer is eligible to claim the credit(s) and/or HOH filing status.	r's responses to				
	status and to	mation to determine that the taxpayer is eligible to claim the credit(s) and figure the amount(s) of any credit(s)		X			
4	information rea	nation provided by the taxpayer or a third party for use in preparing asonably known to you, appear to be incorrect, incomplete, or inconsis ons 4a and 4b. If " No ," go to question 5.)	stent? (If "Yes,"		X		
а	Did you make	reasonable inquiries to determine the correct, complete, and consistent in	formation? .				
b	Did you conte you asked, wh	mporaneously document your inquiries? (Documentation should include nom you asked, when you asked, the information that was provided, and d on your preparation of the return.)	e the questions I the impact the				
5	Did you satisfy keep a copy o applicable wor 8867 and any taxpayer that y the amount(s)	the record retention requirement? To meet the record retention required f your documentation referenced in question 4b, a copy of this Form 8867 ksheet(s), a record of how, when, and from whom the information used t applicable worksheet(s) was obtained, and a copy of any document(s) p you relied on to determine eligibility for the credit(s) and/or HOH filing state of the credit(s)	ment, you must 7, a copy of any o prepare Form provided by the atus or to figure	X			
6	credit(s) and/o	e taxpayer whether he/she could provide documentation to substantiate r HOH filing status and the amount(s) of any credit(s) claimed on the ed for audit?	return if his/her	X			
7	Did you ask the	e taxpayer if any of these credits were disallowed or reduced in a previous	syear?		X		
	(If credits wer	e disallowed or reduced, go to question 7a; if not, go to question 8.)					
а	-	ete the required recertification Form 8862?					
8		is reporting self-employment income, did you ask questions to prepare alle C (Form 1040)?					

For Paperwork Reduction Act Notice, see separate instructions.

REV 02/16/24 PRO

Form 8867 (Rev. 11-2023)

Form 88	67 (Rev. 11-2023)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part	Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim (CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes X	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	X		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	X		
Part			Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quatuition and related expenses for the claimed AOTC?		Yes	No
Part		s, go to	o Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?	year	Yes	No
Part	VI Eligibility Certification			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	or HO	H filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responsion your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) status and to figure the amount(s) of the credit(s);	nses or s) and/c	the ret or HOH	urn or filing
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkl credit(s) claimed and HOH filing status, if claimed;	ist for a	ny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 886 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			

- 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
- 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
- 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
- 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and	Yes	No
	complete?	×	

REV 02/16/24 PRO

Form 8867 (Rev. 11-2023)





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 YOUR DRIVER'S Fiscal Year LICENSE/STATE ID Ending YOUR FIRST NAME YOUR SOCIAL SECURITY NUMBER мі 1. KRISHNA BABU 761-84-6806 LAST NAME (For Name Change See IT-511 Tax Booklet) SUFFIX KUNDULA SPOUSE'S FIRST NAME МІ SPOUSE'S SOCIAL SECURITY NUMBER 961-94-4003 DEPARTMENT USE ONLY HASRITHA LAST NAME SUFFIX PENDURTHI ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED 2.10106 CROWNE BROOK CIRCLE ZIP CODE CITY (Please insert a space if the city has multiple names) STATE 3. FRANKLIN 37067 ΤN (COUNTRY IF FOREIGN) **Residency Status**

4. Enter your Residency Status with the appropriate number 3 1. FULL- YEAR RESIDENT 2. PART- YEAR RESIDENT то 3. NONRESIDENT Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer. Filing Status 5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... 5. B 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 6b. Spouse X 6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself X 6c. 2 7a. Number of Qualified Dependents* 1 7b. Number of Unborn Dependents 7 c. Total Number of Dependents 1

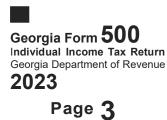
*Enter details on Line 7d., and DO NOT include yourself, spouse and/or your unborn dependents. See IT-511 Tax Booklet.

Georgia Form 500
Individual Income Tax Return
Georgia Department of Revenue
2023 Page 2



YOUR SOCIAL SECURITY NUMBER 761-84-6806

7d. Qualified Dependents. (If you have more than 4 de First Name, MI. YUVAAN SURYA	lependents, attach a list of additional dependents). Last Name KUNDULA
Social Security Number 856-52-5099	Relationship to You SON
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 r	minus sign (-). Example -3456.
 Federal adjusted gross income (From Federal Form 10 (Do not use FEDERAL TAXABLE INCOME) If the amou W-2s you must include a copy of your Federal Form 1 	unt on Line 8 is \$40,000 or more, or your gross income is less than your
9. Adjustments from Form 500 Schedule 1 (See IT-511 Ta	ax Booklet)
10. Georgia adjusted gross income (Net total of Line 8 and	d Line 9) 10.
11. Standard Deduction (Do not use FEDERAL STANDARI (See IT-511 Tax Booklet)	D DEDUCTION) 11a.
b. Self: 65 or over? Blind? Total Spouse: 65 or over? Blind? c. Total Standard Deduction (Line 11a + Line 11b)	x 1,300= 11b.
Use EITHER Line 11c OR Line 12c (Do not write on both	
a. Federal Itemized Deductions (Schedule A- Form 10	040) 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	er balance 13.





YOUR SOCIAL SECURITY NUMBER 761-84-6806

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 7c. 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. 189	1
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. 189	
16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet)	16. 2	
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)	ed 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. 2	

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**.

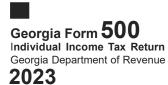
	(INCOME STATEMENT A)		(INCOME STATEMENT B)		(INCOME STATEMENT C)
1.	WITHHOLDING TYPE: X W-2 G2-A G2-LP 1099 G2-FL G2-RP	1.	WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP	1.	WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP
2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) X SSN 510567607	2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN
3.	EMPLOYER/PAYER STATE WITHHOLDING ID 3310312RD	3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3.	EMPLOYER/PAYER STATE WITHHOLDING ID
4.	GA WAGES / INCOME 17689	4.	GA WAGES / INCOME	4.	GA WAGES / INCOME
5.	GA TAX WITHHELD 871	5.	GA TAX WITHHELD	5.	GA TAX WITHHELD

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

REV 01/29/24 PRO

23

01 1555 115 2023 GA 004 T1



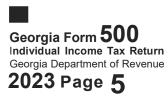
Page 4



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YOUR SOCIAL SECURITY NUMBER 761-84-6806

1. 2.	(INCOME STATEMENT D) WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	(INCOME STATEMENT 1. WITHHOLDING TYPE: W-2 G2-A 1099 G2-F 2. EMPLOYER/PAYER FE ID NUMBER (FEIN)	G2-LP L G2-RP	(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	3. EMPLOYER/PAYER S	TATE 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		23.	871
24.	(Enter Tax Withheld Only and include W-2s Other Georgia Income Tax Withheld	, 		
25.	(Must include G2-A, G2-FL, G2-LP and/or C Estimated Tax paid for 2023 and Form I	7		
26.	Schedule 2B Refundable Tax Credits			
27.	(Cannot be claimed unless filed electroni Total prepayment credits (Add Lines 23, 2	• /		871
	If Line 22 exceeds Line 27, subtract Line balance due	27 from Line 22 and ent	er	
29.	If Line 27 exceeds Line 22, subtract Line	22 from Line 27 and enter		
	overpayment		29.	869
30.	Amount to be credited to 2024 ESTIMA	TED TAX		0
31.	Georgia Wildlife Conservation Fund (No	gift of less than \$1.00)	31.	
32.	Georgia Fund for Children and Elderly (I	No gift of less than \$1.00) 32.	
33.	Georgia Cancer Research Fund (No gift	of less than \$1.00)		
34.	Georgia Land Conservation Program (No	o gift of less than \$1.00).	34.	
35.	Georgia National Guard Foundation (No	gift of less than \$1.00)		
36.	Dog & Cat Sterilization Fund (No gift of I	ess than \$1.00)		
37.	Saving the Cure Fund (No gift of less th	an \$1.00)		
38.	Realizing Educational Achievement Can Hap	pen (REACH) Program		
	(No gift of less than \$1.00)	ges (1-5) are re	equired for p	processing





YOUR SOCIAL SECURITY NUMBER 761-84-6806

39. Pub							
	lic Safety Memorial Gr	ant (No gift of le	ess than \$1.00)		39.		
40. Disa	bled Veterans' Scholar	ship Fund (No g	ift of less than \$1.0	0)	40.		
41. For	m 500 UET (Estimated	tax penalty)	500 UET exception	attached	41.		
42. Pen	alty: Late Payment and	/or Late Filing			42.		
43. Inter	est				43.		
MAI Mai	/ou owe) Add Lines 2 KE CHECK PAYABLE 1 I To: GEORGIA DEPAR BOX 740399 ATLANTA	TO GEORGIA DE	PARTMENT OF REV	/ENUE,	44.		
THIS	ou are due a refund) Su SIS YOUR REFUND Id Due Mail To: GEORC OX 740380 ATLANTA, (BIA DEPARTMEN		4	5. ENTER,		869
lf you	u do not enter Direct	Deposit inform	ation or if you are	a first time	filer you will	be issued a paper check.	
45a. Dire	ct Deposit (U.S. Accounts Only)	Type: Checkin	g 🗙 Savings				
Routing	1			Account			
Numbe	r 021000322 Mail pages 1-5 and a			Number	4830689	38663	
Taxpay	er's Signature	(Check box if de	eceased)	Spouse's S	ignature	(Check box if deceased)	
	er's Signature yer's Date of Death	(Check box if de	eceased)	·	ignature Date of Death	, , , , , , , , , , , , , , , , , , ,	
Тахра			Taxpayer's Phone 1 518-951-504	Spouse's Number	-	, , , , , , , , , , , , , , , , , , ,	3
Taxpa Taxpa By prov my acco	ayer's Date of Death ayer's Signature Date iding my e-mail address I ar punt(s).		Taxpayer's Phone 1 518-951-504	Spouse's Number 4 7	Date of Death	, , , , , , , , , , , , , , , , , , ,	
Taxpa Taxpa By prov my acco	yer's Date of Death ayer's Signature Date iding my e-mail address I ar		Taxpayer's Phone 1 518-951-504	Spouse's Number 4 7	Date of Death	Spouse's Signature Date	g any updates to o discuss this return
Taxpa Taxpa By prov my acco Taxpa	ayer's Date of Death ayer's Signature Date iding my e-mail address I ar punt(s).	n authorizing the Ge	Taxpayer's Phone I 518 – 951 – 504 orgia Department of Re	Spouse's Number 4 7	Date of Death	Spouse's Signature Date It the below e-mail address regardin	g any updates to o discuss this return
Taxpa Taxpa By prov my acco Taxpa <u>SYAN</u> Signa Name	ayer's Date of Death ayer's Signature Date iding my e-mail address I ar bunt(s). yer's E-mail Address	n authorizing the Ge <u>AR GUPTA TA</u> ın Taxpayer	Taxpayer's Phone I 518-951-504 orgia Department of Rev	Spouse's Number 4 7	Date of Death nically notify me a 678 – Prepare	Spouse's Signature Date at the below e-mail address regardin I authorize DOR to with the named pr er's Phone Number	g any updates to o discuss this return

GLOBAL TAXES LLC

REV 01/29/24 PRO

Georgia Form 500 (Rev. 08/30/23) Schedule 3 Part-Year Nonresident



Schedule 3 Page 1

YOUR SOCIAL SECURITY NUMBER 761-84-6806

17689

0

17689

2023 (Approved software version)

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

		DONOT		L LINES 9 THILD 14 OF PAGES 2 AND 31 OKM 300 OF 300X						
	SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS.									
Column A must equal Column B plus Column C.				See IT-511 Tax Booklet for other state(s) tax credits.						
	FEDERAL INCOME AFTER GEOR (COLUMN A)	RGIA ADJUSTMENT		INCOME NOT TAXABLE TO GEORGIA (COLUMN B)	L	GEORGIA INCOME (COLUMN C)				
1.	WAGES, SALARIES, TIPS, etc	17689	I.	WAGES, SALARIES, TIPS, etc	1.	WAGES, SALARIES, TIPS, etc				

- 2 INTEREST AND DIVIDENDS 2. INTEREST AND DIVIDENDS 2 INTEREST AND DIVIDENDS **BUSINESS INCOME OR (LOSS) BUSINESS INCOME OR (LOSS) BUSINESS INCOME OR (LOSS)** 3. 3. 3. OTHER INCOME OR (LOSS) 4. OTHER INCOME OR (LOSS) 4. OTHER INCOME OR (LOSS) 4. -3000-3000**TOTAL INCOME: TOTAL LINES 1 THRU 4** 5. TOTAL INCOME: TOTAL LINES 1 THRU 4 5. 5. TOTAL INCOME: TOTAL LINES 1 THRU 4 14689 -3000 17689
- TOTAL ADJUSTMENTS FROM FORM 1040 **TOTAL ADJUSTMENTS FROM FORM 1040** TOTAL ADJUSTMENTS FROM FORM 1040 6 6
- 7. TOTAL ADJUSTMENTS FROM FORM 500, 7. TOTAL ADJUSTMENTS FROM FORM 500, 7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1 SCHEDULE 1 SCHEDULE 1
- ADJUSTED GROSS INCOME: ADJUSTED GROSS INCOME: 8 ADJUSTED GROSS INCOME: 8. 8. LINE 5 PLUS OR MINUS LINES 6 AND 7 LINE 5 PLUS OR MINUS LINES 6 AND 7 LINE 5 PLUS OR MINUS LINES 6 AND 7 14689 -3000
- RATIO: Divide Line 8, Column C by Line 8, Column A enter percentage or check 9. % the box for Time Ratio. (% cannot be negative and cannot exceed 100%) 100.00 9 or Standard Deduction × or Georgia Itemized 7100 10a. Itemized (See IT-511 Tax Booklet) 10a. 10b. Additional Standard Deduction Self: 65 or over? Blind? 10b. Spouse: 65 or over? Blind? Total X 1.300= 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 2 multiply by \$2,700 for 7400 filing status A or D or multiply by \$3,700 for filing status B or C..... 11a.
- 11b. Enter the number on Line 7c from Form 500 or Form 500X 1 multiply by \$3,000 ... 11b. 3000 12. Total Deductions and Exemptions: Add Lines 10a, 10b, 11a, and 11b 12. 17500 17500 13. *Multiply Line 12 by Ratio on Line 9 and enter result..... 13. 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. 189

REV 01/29/24 PRO