



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

Individual Income Tax Return Georgia Department of Revenue

2023 (Approved software version)

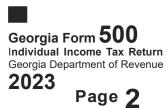
Page 1

5						
Fiscal Year Beginning	STATE ISSUED					
Fiscal Year Ending	YOUR DRIVER'S LICENSE/STATE ID					
YOUR FIRST NAME 1. NITEEN		МІ	YOUR SOCIAL S 831-21-		3ER	
LAST NAME (For Name Change See IT-5 KALYAN	11 Tax Booklet)		S	UFFIX		
SPOUSE'S FIRST NAME		МІ	SPOUSE'S SOC	CIAL SECURITY N	NUMBER	DEPARTMENT USE ONLY
LAST NAME			S	UFFIX		
ADDRESS (NUMBER AND STREET or P.O. BO 2. 6881 PEACHTREE DUNWOOD APT NO 211 CITY (Please insert a space if the city has mult 3. ATLANTA	DY RD	e for Apt,	Suite or Building STATE GA	Number) CHEC ZIP CODE 30328	CK IF ADDRESS HAS CHANGED	
(COUNTRY IF FOREIGN)						Residency Status
4. Enter your Residency Status with the ap	opropriate number					
1. FULL- YEAR RESIDENT 2. PART- YEAR RESI	DENT		тс)		3. NONRESIDENT
Omit Lines 9 thru 14 and use Fo	orm 500 Schedu	le 3 if y	ou are a pai	rt-year or no	onresident filer.	Filing Status
5. Enter Filing Status with appropriate le	etter (See IT-511	Tax Bool	det)			C C
A. Single B. Married filing joint C. Married filing s	eparate (Spouse's socia	al security	number must be e	ntered above) D.	Head of Household or Q	ualifying Surviving Spouse
6. Number of exemptions (Check appro	priate box(es) and	enter to	otal in 6c.) 6	6a. Yourself	X 6b. Spouse	6c. 1
7a. Number of Qualified Dependents*	7b. Number	of Unbo	rn Dependents	s 7c.	Total Number of D	ependents
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*Enter details on Line 7d., and DO NOT include yourself, spouse and/or your unborn dependents. See IT-511 Tax Booklet.

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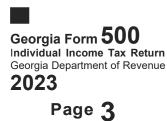


7d. Qualified Dependents. (If you have more than 4 dependents, attach a list of additional dependents).

YOUR SOCIAL SECURITY NUMBER 831-21-3717

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	
	Form 1040)	88869 ncome is less than your
W-2s you must include a copy of your Federa9. Adjustments from Form 500 Schedule 1 (See I		
10. Georgia adjusted gross income (Net total of Li	ne 8 and Line 9) 10.	88869
11. Standard Deduction (Do not use FEDERAL ST (See IT-511 Tax Booklet)	ANDARD DEDUCTION) 11a.	5400
b. Self: 65 or over? Blind? Tot	tal x 1,300= 11b.	
Spouse: 65 or over? Blind? c. Total Standard Deduction (Line 11a + Line 1 Use EITHER Line 11c OR Line 12c (Do not wri		5400
12. Total Itemized Deductions used in computing Fed	deral Taxable Income. If you use itemized deductions, you i	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	83469

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YOUR SOCIAL SECURITY NUMBER 831-21-3717

14a. Enter the number from Line 6c. 1 Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.	2700
14b. Enter the number from Line 7c. Multiply by \$3,000	14b.	
14c. Add Lines 14a. and 14b. Enter total	14c.	2700
 15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14) 15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information). 	15a. …15b.	80769
15c. Georgia Taxable Income (Line 15a less Line 15b)	15c.	80769
16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet)	16.	4472
17. Low Income Credit 17a. 17b.	17c.	
18. Other State(s) Tax Credit (Include a copy of the other state(s) return)	18.	
19. Credits used from IND-CR Summary Worksheet	19.	
20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be file electronically)	d 20.	
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	21.	0
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero	22.	4472

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**.

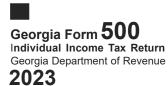
	(INCOME STATEMENT A)	(INCOME STATEMENT B)	(INCOME STATEMENT C)
1. 2.	WITHHOLDING TYPE: X W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) X SSN 814749819	 WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN 	 WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN
3.	EMPLOYER/PAYER STATE WITHHOLDING ID 3252276IU	3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID
4.	GA WAGES / INCOME 88741	4. GA WAGES / INCOME	4. GA WAGES / INCOME
5.	GA TAX WITHHELD 4666	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

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Page 4

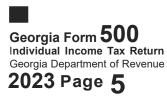


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Your social security number 831 - 21 - 3717

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	1. WITHF W 10 2. EMPLO	ME STATEMENT E) IOLDING TYPE: /-2 G2-A 99 G2-FL DYER/PAYER FEDERAL IBER (FEIN) SSM	-	1. 2.	(INCOME STATEMENT F) WITHHOLDING TYPE: W-2 G2-A 1099 G2-FL EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	G2-LP G2-RP	
3.	EMPLOYER/PAYER STATE WITHHOLDING ID	OYER/PAYER STATE W	/ITHHOLDING ID	3.	EMPLOYER/PAYER STATE W	ITHHOLDING ID		
4.	GA WAGES / INCOME	4. GA W/	AGES / INCOME		4.	GA WAGES / INCOME		
5.	GA TAX WITHHELD	5. GA TA	X WITHHELD		5.	GA TAX WITHHELD		
23.	Georgia Income Tax Withheld on Wages (Enter Tax Withheld Only and include W-2s			23.			4666	
24.	Other Georgia Income Tax Withheld (Must include G2-A, G2-FL, G2-LP and/or G			. 24.				
25.	Estimated Tax paid for 2023 and Form I		. 25.					
26.	Schedule 2B Refundable Tax Credits (Cannot be claimed unless filed electroni			26.				
27.	Total prepayment credits (Add Lines 23, 2	24, 25 and 2	26)	27.			4666	
28.	If Line 22 exceeds Line 27, subtract Line balance due			·· 28.				
29.	If Line 27 exceeds Line 22, subtract Line 2 overpayment			29.			194	
30.	Amount to be credited to 2024 ESTIMA	TED TAX		. 30.			0	
31.	Georgia Wildlife Conservation Fund (No	gift of less	than \$1.00)	31.				
32.	Georgia Fund for Children and Elderly (N	No gift of le	ss than \$1.00)	32.				
33.	Georgia Cancer Research Fund (No gift	of less tha	ın \$1.00)	33.				
34.	Georgia Land Conservation Program (No	o gift of les	s 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 I	ess than \$	1.00)	36.				
37.	Saving the Cure Fund (No gift of less th	an \$1.00)		37.				
38.	Realizing Educational Achievement Can Hap (No gift of less than \$1.00)	pen (REAC	H) Program	38.				
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YOUR SOCIAL SECURITY NUMBER 831-21-3717

39.	. Public Safety Memorial Gra	ant (No gift of less than \$1.0)0)	39.		
40.	Disabled Veterans' Scholar	ship Fund (No gift of less th	an \$1.00) ²	10.		
41.	Form 500 UET (Estimated	tax penalty) 500 UET ex	ception attached 4	11.		
42.	Penalty: Late Payment and	/or Late Filing	4	-2.		
43.	Interest			3.		
44.		O GEORGIA DEPARTMENT TMENT OF REVENUE PROC	OF REVENUE,	4.		
	(If you are due a refund) Su THIS IS YOUR REFUND Refund Due Mail To: GEORG PO BOX 740380 ATLANTA, C	A DEPARTMENT OF REVEN		TER,		194
	If you do not enter Direct	Deposit information or if v	ou are a first time file	er vou will	be issued a paper check.	
	Direct Deposit (U.S. Accounts Only)		ngs X			
- 00		Type: oncoking Savi	-			
	Routing Number 042000314		Account Number Q	944991	171	
T	axpayer's Signature	(Check box if deceased)	 Spouse's Sign	ature	(Check box if deceased)	
-	Taxpayer's Date of Death		Spouse's Da	te of Death		
	Taxpayer's Signature Date	Taxpayer's F 513-906	Phone Number 5-9181		Spouse's Signature Date	
r	By providing my e-mail address I an ny account(s).					
	Taynaver's E-mail Address	authorizing the Georgia Departme	ent of Revenue to electronica	lly notify me a	t the below e-mail address regarding	any updates to
	Taxpayer's E-mail Address	authorizing the Georgia Departme	ent of Revenue to electronica	lly notify me a	t the below e-mail address regarding I authorize DOR to o with the named prep	discuss this return
	SYAM PRIYA RAM SAGA		ent of Revenue to electronica	Prepare	I authorize DOR to a	discuss this return
		AR GUPTA TALLAM	ent of Revenue to electronica	Prepare 678- Prepare	I authorize DOR to a with the named prep r's Phone Number	discuss this return

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