



Georgia Form 500 (Rev. 08/30/23) Individual Income Tax Return Georgia Department of Revenue 2023 (Approved software version)

#### Page 1

Beginning

STATE **ISSUED** 

Fiscal Year Ending

YOUR DRIVER'S LICENSE/STATE ID

YOUR FIRST NAME 1. JAYA PRAKASH GOU YOUR SOCIAL SECURITY NUMBER 671-32-3282

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

KASINABOYINA

SUFFIX

SPOUSE'S FIRST NAME **HEMALATHA** 

SPOUSE'S SOCIAL SECURITY NUMBER

**SUFFIX** 

669-34-9063

DEPARTMENT USE ONLY

LAST NAME

THYAGARAJAN

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) **CHECK IF ADDRESS HAS CHANGED** 

2. 1715 BECKHAM ST

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

1. FULL- YEAR RESIDENT 2. PART- YEAR RESIDENT

ZIP CODE STATE

то

30041 GA

(COUNTRY IF FOREIGN)

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

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

3. NONRESIDENT

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

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\* 2 7b. Number of Unborn Dependents 7c. Total Number of Dependents

\*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 the First Name, MI.	han 4 dependents, attach a list of additional depende Last Name	nts).
PRANAVNATH	KASINABOYINA	
Social Security Number	Relationship to You	
669-38-6577	SON	
First Name, MI.	Last Name	
SHAURAV	KASINABOYINA	
Social Security Number	Relationship to You	
741-44-1328	SON	
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, u	se the minus sign (-). Example -3456.	
8. Federal adjusted gross income (From Federal F	Form 1040) 8.	227904
(Do not use FEDERAL TAXABLE INCOME) If the W-2s you must include a copy of your Federal	he amount on Line 8 is \$40,000 or more, or your gross ir I Form 1040 Pages 1, 2, and Schedule 1.	ncome is less than your
9. Adjustments from Form 500 Schedule 1 (See I	T-511 Tax Booklet) 9.	
10. Georgia adjusted gross income (Net total of Lin	ne 8 and Line 9) 10.	227904
11. Standard Deduction (Do not use FEDERAL STA	ANDARD DEDUCTION) 11a.	7100
b. Self: 65 or over? Blind? Total	x 1,300= 11b.	
Spouse: 65 or over? Blind?  c. Total Standard Deduction (Line 11a + Line 11  Use EITHER Line 11c OR Line 12c (Do not writ		7100
12. Total Itemized Deductions used in computing Federal	eral Taxable Income. If you use itemized deductions, <b>you</b> n	nust include Federal Schedule A
a. Federal Itemized Deductions (Schedule A- F	Form 1040) 12a.	
b. Less adjustments: (See IT-511 Tax Booklet)	12b.	
c. Georgia Total Itemized Deductions	12c.	

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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. 2 Multiply by \$3,000	14b.	6000
14c. Add Lines 14a. and 14b. Enter total	14c.	13400
<ul><li>15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14)</li><li>15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information).</li></ul>	15a. 15b.	207404
15c. Georgia Taxable Income (Line 15a less Line 15b)	15c.	207404
16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet)	16.	11691
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)	<b>d</b> 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.	11691

**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		X W-2 G2-A G2-LP		W-2 G2-A G2-LP
	1099 G2-FL G2-RP		1099 G2-FL G2-RP		1099 G2-FL G2-RP
2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) X SSN 980429806	2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) X SSN 980429806	2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN
3.	EMPLOYER/PAYER STATE WITHHOLDING ID 2235806CC	3.	EMPLOYER/PAYER STATE WITHHOLDING ID 2235806CC	3.	EMPLOYER/PAYER STATE WITHHOLDING ID
4.	GA WAGES / INCOME 147513	4.	GA WAGES / INCOME 80686	4.	GA WAGES / INCOME
5.	GA TAX WITHHELD 7407	5.	GA TAX WITHHELD 3998	5.	GA TAX WITHHELD

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

All Pages (1-5) are required for processing

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#### Page 4

	(INCOME STATEMENT D)			(INCOME STAT	EMENT E)			(INCOME STATE	MENT F)	
1.	WITHHOLDING TYPE:			WITHHOLDING TYPE:			1.	WITHHOLDING T		
	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/PAY	ER FEDER	AL.	2.	EMPLOYER/PAY	ER FEDERAL	
	ID NUMBER (FEIN) SSN			ID NUMBER (FE	IN) SS	iN .		ID NUMBER (FEI	N) SSN	
3.	EMPLOYER/PAYER STATE WI	THHOLDING ID	3.	EMPLOYER/PA	YER STATE	WITHHOLDING ID	3.	EMPLOYER/PA	YER STATE V	VITHHOLDING ID
4.	GA WAGES / INCOME		4.	GA WAGES / IN	COME		4.	GA WAGES / INC	COME	
_			_				_			
5.	GA TAX WITHHELD		5.	GA TAX WITHH	ELD		5.	GA TAX WITHH	ELD	
22	Coordin Incomo Toy With	hald on Mana		d 4000a		22				11405
23.	Georgia Income Tax With (Enter Tax Withheld Only an					23.				11405
24	•			•		24				
24.	Other Georgia Income Ta (Must include G2-A, G2-FL,					24.				
25	Estimated Tax paid for 20					25.				
20.	Louinlated Tax paid for 20	25 and 1 onn 11	-50	0		25.				
26	Schedule 2B Refundable T	Tay Credits				26.				
20.	(Cannot be claimed unless					20.				
27	Total prepayment credits (A		-	•		27.				11405
	· otal propayo or oanto (		, _	o aa =0,		21.				11100
28.	If Line 22 exceeds Line 27	7, subtract Line	27 f	rom Line 22 ar	nd enter					
	balance due					28.				286
29.	If Line 27 exceeds Line 22	2, subtract Line 2	22 fr	om Line 27 and	enter					
	overpayment					29.				
30.	Amount to be credited to	2024 ESTIMA	TEC	) TAX		30.				
31.	Georgia Wildlife Conserva	ation Fund <b>(No</b> 9	gift	of less than \$1	.00)	<b></b> 31.				
32.	Georgia Fund for Children	n and Elderly <b>(N</b>	lo g	ift of less than	\$1.00)	32.				
						00				
33.	Georgia Cancer Research	h Fund <b>(No gift</b>	of le	ess than \$1.00	)	33.				
		- 4.				24				
34.	Georgia Land Conservation	on Program ( <b>No</b>	gift	of less than \$	1.00)	34.				
	0			. 61 1b 64	00)					
35.	Georgia National Guard Fo	oundation (No (	gift (	or less than \$1.	.00)	35.				
26	Dog & Cat Sterilization Fu	and (No sife of I	000	than \$4 00\		26				
36.	Dog α Gat Sterilization Fu	ind (NO gift of I	<del>6</del> 22	uiaii ֆ 1.00)		36.				
37.	Saving the Cure Fund (No	n aift of lose th	an ¢	(1.00)		37.				
51.	Saving the Sule Fund (NC	9111 OF 1633 UT	uii ¢			. 07.				
38.	Realizing Educational Achiev	vement Can Hab	pen	(REACH) Progra	am	. 38.				
50.	(No gift of less than \$1.00			, ,						
		ALL D.		/4 =\		1				





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39.	. Public Safety Memorial Gra	ant (No gift of les	s than \$1.00)		39.		
40.	Disabled Veterans' Scholars	ship Fund <b>(No gif</b>	t of less than \$1.00)		40.		
41.	Form 500 UET (Estimated	tax penalty) 5	500 UET exception at	ttached	41.		
42.	Penalty: Late Payment and/	or Late Filing			42.		
43.	Interest				43.		
44.	(If you owe) Add Lines 28 MAKE CHECK PAYABLE TO Mail To: GEORGIA DEPART PO BOX 740399 ATLANTA,	O GEORGIA DEP TMENT OF REVE	ARTMENT OF REVE	NUE,	44.		286
45.	(If you are due a refund) Sub THIS IS YOUR REFUND Refund Due Mail To: GEORG PO BOX 740380 ATLANTA, G	IA DEPARTMENT		45			
	If you do not enter Direct I	Deposit informa	tion or if you are a	first time fi	ler you will	be issued a paper check.	
45a	. Direct Deposit (U.S. Accounts Only)	Type: Checking	Savings				
	Routing			Account Number			
T	axpayer's Signature	(Check box if dec	eased) -	Spouse's Sig	nature	(Check box if deceased)	
-	Taxpayer's Date of Death			Spouse's D	ate of Death	ı	
	Taxpayer's Signature Date		axpayer's Phone Nu 229–296–8699			Spouse's Signature Date	
	By providing my e-mail address I am my account(s).	authorizing the Geor	rgia Department of Rever	nue to electronio	cally notify me a	at the below e-mail address regarding an	ny updates to
-	Taxpayer's E-mail Address						
						I authorize DOR to dis with the named prepa	
	SYAM PRIYA RAM SAGA Signature of Preparer	AR GUPTA			Prepare 678-	er's Phone Number 965-9522	
	Name of Preparer Other Thar						
	SYAM PRIYA RAM S		7		Prepare	er's FEIN	