## E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



£1040		artment of the Treasury—Internal Revenue Serv <b>S. Individual Income Tax</b>		turn	202	3	OMB No. 1545-0	0074	IRS Use Only	–Do not v	vrite or staple in th	is space.
For the year Ja	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See se	parate instruc	tions.
Your first name	e and m	iddle initial	Last na	ame						Your so	ocial security n	umber
ABHISHE	K		LOA	ГН						109	77   132	0
		s first name and middle initial	Last na	ame							's social securi	
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.				A	pt. no.	Preside	ential Election C	Campaigr
216 SPI	KE T	RAIL								1	here if you, or	,
City, town, or p	oost offi	ice. If you have a foreign address, also co	mplete	spaces be	elow.	Sta	ite	ZIP c	ode		if filing jointly,	
SMYRNA						GF	A	300	80		o this fund. Che low will not cha	-
Foreign countr	y name			Foreign p	rovince/state/o	count	ty	Foreig	n postal code	I	x or refund.	3 -
											You	Spouse
Filing Status	s 🗵	Single					☐ Head of ho	useh	old (HOH)			
Check only		Married filing jointly (even if only o	ne had	income)								
one box.		Married filing separately (MFS)					☐ Qualifying s	surviv	ing spouse	(QSS)		
	lf y	you checked the MFS box, enter the	name	of your s	pouse. If you	ı che	ecked the HOH	or Q	SS box, ente	er the ch	ild's name if t	he
	qu	ıalifying person is a child but not you	ur depe	ndent:								
Digital	Δt a	ny time during 2023, did you: (a) rec	eive (as	a rewar	d award or i	navr	ment for propert	v or	services): or	(h) sell		
Assets		nange, or otherwise dispose of a dig	,					•	,	. ,	☐ Yes →	≤ No
Standard		neone can claim:  You as a de					a dependent	(- (-		,		
Deduction		Spouse itemizes on a separate retur	•		•		•					
		: Were born before January 2, 1	959	∐ Are b	lind <b>Spo</b>	use	: U Was born		ore January 2	-	☐ Is blind	
Dependent				(2)	Social security		(3) Relationship	) (4			ifies for (see ins	
If more	(1) F	First name Last name			number		to you		Child tax c	reait	Credit for other of	rependents
than four dependents,											<u> </u>	
see instruction	ıs										<u> </u>	
and check	, —											
here L		T	<b>4</b> (	<u> </u>	\						101	0.71
Income	1a	Total amount from Form(s) W-2, b	•		,							<u>,</u> 871.
Attach Form(s)		Household employee wages not re	•									
W-2 here. Also attach Forms	C	Tip income not reported on line 1a	`		,					. 10		
W-2G and	d	Medicaid waiver payments not rep		•	,	istru	ictions)			. 10		
1099-R if tax was withheld.	e	Taxable dependent care benefits t			-	•				. 16		
If you did not	ا ~	Employer-provided adoption bene			·					. 11		
get a Form	g					•				. 10	_	0.
W-2, see	h i	Other earned income (see instruct Nontaxable combat pay election (	,			•		 I		. 1h	•	
instructions.	ı Z	Add lines 1a through 1h	9 <u>66 1118</u>	ii uciiOHS)	,	•				. 12	121	,871.
Attach Sch. B	<u>_</u> 2a	<u> </u>	2a		· · · i ·	h T	axable interest			. 12		1.
if required.	2a 3a	•	3a				axable interest Ordinary divident	ds.				
	4a		4a				axable amount			. 4k		
Standard	5a	_	5a				axable amount			. 5k		
• Single or	6a	_	6a				axable amount			. 6k		
Married filing	C	If you elect to use the lump-sum e		method					· · · · ·			
separately, \$13,850	7	Capital gain or (loss). Attach Sche			`	`	,			7	-1.	,867.
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule								_ <u> </u>		· · · ·
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								. 9		,005.
surviving spouse, \$27,700	10	Adjustments to income from Sche								. 10		
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is								. 11		,005.
\$20,800	12	Standard deduction or itemized								. 12		,166.
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deduct		•		,	 95-A			. 13		<u>, = = = .</u>
Standard Deduction,	14									. 14		,166.
see instructions.	15	Subtract line 14 from line 11. If zer				our f	tavabla income		-	15		830

Form 1040 (2023	3)						_		Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	13,529.
Credits	17	Amount from Schedule 2, lin	ne 3					17	
	18	Add lines 16 and 17						18	13,529.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	13,529.
	23	Other taxes, including self-e			•			23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	13,529.
<b>Payments</b>	25	Federal income tax withheld	from:			1			
	а	Form(s) W-2				<b>25a</b> 19	9 <b>,</b> 233.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction:	s)			25c			
	d	Add lines 25a through 25c						25d	19,233.
If you have a	26	2023 estimated tax paymen						26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27			
	28	Additional child tax credit from	m Schedule 8812	!		28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .							
	31	Amount from Schedule 3, lin							
	32	Add lines 27, 28, 29, and 31	•	-	-			32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	19,233.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34	5,704.
	35a	Amount of line 34 you want			is attached, che	ck here		35a	5,704.
Direct deposit? See instructions.	b	Routing number 0 2 1			<b>c</b> Type: 🛛	Checking	Savings		
See instructions.	d	Account number 4 8 3							
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
<b>Third Party</b>	Do	you want to allow another	person to disc	cuss this retu	n with the IRS?	See			_
Designee	ins	structions				<b>Yes.</b> C	omplete l	below.	<b>⋉</b> No
		esignee's me		Phone no.			onal identi ber (PIN)	fication	
Ciana		ider penalties of perjury, I declare t	hat I have examined		accompanying sche		. ,	the hest	of my knowledge and
Sign		lief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the	e IRS se	nt you an Identity
		9			,				IN, enter it here
Joint return?					SOFTWARE DE	JT ,	inst.)		
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, I	<b>both</b> must sign.	Date	Spouse's occupat	ion	Iden		nt your spouse an ection PIN, enter it here
	Ph	one no. (331) 212-824	7	Email address	ABHISHEKLO.	ATH@GMAIL.C	DM		
Doid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY.	A RAM SAC	GAR GUPTA	04/11/2024	P0208	2703	Self-employed
Preparer Use Only	Fir	m's name GLOBAL TA	XES LLC			Pho	ne no.	(678) 965-9522	
Use Only	Fir		Y CT E BRU	NSWICK N	J 08816		Firm	's EIN	84-3171965

## SCHEDULE A (Form 1040)

**Itemized Deductions** 

Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2023
Attachment Sequence No. 07

Department of the Treasury Internal Revenue Service

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Name(s) shown on	Form	1040 or 1040-SR			You	ır so	cial security number
ABHISHEK I	LOA				10	9-	77-1320
Medical and Dental Expenses	2 3	Caution: Do not include expenses reimbursed or paid by others.  Medical and dental expenses (see instructions)  Enter amount from Form 1040 or 1040-SR, line 11 2    Multiply line 2 by 7.5% (0.075)	1				
		Subtract line 3 from line 1. If line 3 is more than line 1, enter -0			_	4	
Taxes You Paid	k	State and local taxes.  a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box	5a 5b 5c	6,52 8,15 14,67	0.		
		Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	10,00	0.		
			6				
	7	Add lines 5e and 6				7	10,000.
Interest You Paid Caution: Your mortgage interest deduction may be limited. See instructions.	k	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box	8a 8b	27,16	6.		
		rules	8c				
	(	Reserved for future use	8d				
	9	Add lines 8a through 8c	8e 9	27,16		10	07.166
0:0-1-	10	Add lines 8e and 9			-	10	27,166.
Charity Caution: If you		Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11		_		
made a gift and got a benefit for it, see instructions.		Other than by cash or check. If you made any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 Carryover from prior year	12 13		_		
		Add lines 11 through 13	$\overline{}$			14	
Casualty and Theft Losses		Casualty and theft loss(es) from a federally declared disaster (other disaster losses). Attach Form 4684 and enter the amount from line 1 instructions	r tha 8 of	an net qualifie f that form. Se	ed ee	15	
Other Itemized Deductions	16	Other—from list in instructions. List type and amount:				16	
Total Itemized	17	Add the amounts in the far right column for lines 4 through 16. Also, e Form 1040 or 1040-SR, line 12				17	37,166.
Deductions	18	If you elect to itemize deductions even though they are less than your check this box	stan	dard deductio	n,		

### SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service

#### **Capital Gains and Losses**

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.

OMB No. 1545-0074

2023

Attachment Sequence No. **12** 

	(S) shown on return				social se 9-77-	ecurity number
	HISHEK LOATH  /ou dispose of any investment(s) in a qualified opportunity	fund during the ta	x year?		9-11-	1320
	es," attach Form 8949 and see its instructions for additiona					
Pa	Tt I Short-Term Capital Gains and Losses—Ge	nerally Assets I	Held One Year	or Less (s	see ins	tructions)
lines This	instructions for how to figure the amounts to enter on the below.  form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmento gain or lo Form(s) 8949 line 2, colu	ss from 9, Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
	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.					
	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked					
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (le	•			4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	•		rusts from	5	
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions	y, from line 8 of y		-	6	(
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	
Pa	t II Long-Term Capital Gains and Losses—Ger	nerally Assets F	leld More Than	One Yea	r (see i	instructions)
See	instructions for how to figure the amounts to enter on the below.	(d)	_(e)	(g) Adjustm		(h) Gain or (loss) Subtract column (e)
This	form may be easier to complete if you round off cents to e dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or lo Form(s) 8949 line 2, colu	, Part II,	from column (d) and 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 <b>Box D</b> checked	2 <b>,</b> 149.	4,016.			-1,867.
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824			ain or (loss)	11	
	Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	trusts from Sched	dule(s) K-1	12	
	Capital gain distributions. See the instructions				13	
	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions				14	(
15	Net long-term capital gain or (loss). Combine lines 8a	through 14 in co	olumn (h). Then, go	o to Part III		

-1,867.

15

Schedule D (Form 1040) 2023 Page 2

#### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -1,867. • 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 • 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 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 1,867.) • (\$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. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Form 8949 (2023) Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side ABHISHEK LOATH

Social security number or taxpayer identification number 109-77-1320

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)

(F) Long-term transactions	•	٠,	•	is <b>wasn</b> t reporte	ea to the IH	15	
1 (a) Description of property	(b) Date acquired	(c) Date sold or	Proceeds Se	(e) Cost or other basis See the <b>Note</b> 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 Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
Robinhood Securities LLC	01/01/23	12/31/23	2,149.	4,016.			-1,867.
2 Totals. Add the amounts in columns	s (d), (e), (g), and	d (h) (subtract					

**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.

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).

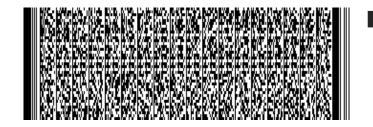
-1,867.

2,149.

4,016.







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

7a. Number of Qualified Dependents\*

2023 (Approved software version)

#### Page 1

Fiscal Year Beginning STATE GΑ **ISSUED** YOUR DRIVER'S Fiscal Year LICENSE/STATE ID 061164358 Ending YOUR FIRST NAME YOUR SOCIAL SECURITY NUMBER 1. ABHISHEK 109-77-1320 LAST NAME (For Name Change See IT-511 Tax Booklet) SUFFIX LOATH SPOUSE'S FIRST NAME SPOUSE'S SOCIAL SECURITY NUMBER DEPARTMENT USE ONLY LAST NAME SUFFIX ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) **CHECK IF ADDRESS HAS CHANGED** 2.216 SPIKE TRAIL ZIP CODE CITY (Please insert a space if the city has multiple names) STATE 3. SMYRNA 30080 GΑ (COUNTRY IF FOREIGN) 4. Enter your Residency Status with the appropriate number ...... 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. 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

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

7b. Number of Unborn Dependents

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself X

6c. 1

6b. Spouse

7c. Total Number of Dependents

# Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue



2023

Page 2

YOUR SOCIAL SECURITY NUMBER 109-77-1320

7d. Qualified Dependents. (If you have First Name, MI.	nave more than 4 depe	endents, attach a list of Last Name	f additional dependents).	
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	s negative use the mir	nus sign (-) Evample -	3456	
8. Federal adjusted gross income (Fr (Do not use FEDERAL TAXABLE) W-2s you must include a copy of	om Federal Form 1040)	) on Line 8 is \$40,000 or n	8. more, or your gross income is	120005 less than your
9. Adjustments from Form 500 Scheo	dule 1 (See IT-511 Tax	Booklet)	9.	
10. Georgia adjusted gross income (N	et total of Line 8 and Lir	ne 9)	10.	120005
11. Standard Deduction (Do not use FI (See IT-511 Tax Booklet)	EDERAL STANDARD D	DEDUCTION)	11a.	
b. Self: 65 or over? Blind?	Total x	1,300=	11b.	
Spouse: 65 or over? Blind?				
c. Total Standard Deduction (Line Use EITHER Line 11c OR Line 12	11a + Line 11b) c (Do not write on both lin	nes)	11c.	
12. Total Itemized Deductions used in co	omputing Federal Taxable	e Income. If you use item	ized deductions, <b>you must inclu</b>	ude Federal Schedule A.

12a.

12b.

a. Federal Itemized Deductions (Schedule A- Form 1040).....

b. Less adjustments: (See IT-511 Tax Booklet) .....

c. Georgia Total Itemized Deductions.....

37166

37166

82839

0

# Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue



2023

Page 3

YOUR SOCIAL SECURITY NUMBER 109-77-1320

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
<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.	80139
15c. Georgia Taxable Income (Line 15a less Line 15b)	15c.	80139
16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet)	16.	4435
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.	4435

**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		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	2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN
	580218548				
3.	$\frac{\text{EMPLOYER/PAYER STATE WITHHOLDING ID}}{3313088\text{TJ}}$	3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3.	EMPLOYER/PAYER STATE WITHHOLDING ID
4.	GA WAGES/INCOME 121871	4.	GA WAGES / INCOME	4.	GA WAGES / INCOME
5.	GA TAX WITHHELD 6525	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

# Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue 2023



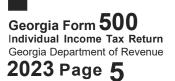
2400411545

YOUR SOCIAL SECURITY NUMBER 109-77-1320

ID

#### Page 4

1.	(INCOME STATEMENT D) WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	1.	(INCOME STAT WITHHOLDING W-2 1099 EMPLOYER/PAY ID NUMBER (FE	TYPE: G2-A G2-FL (ER FEDERA		1.	(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	3.	EMPLOYER/PA	YER STATE	WITHHOLDING II	D 3.	EMPLOYER/PAYER STATE W	ITHHOLDING II
4.	GA WAGES / INCOME	4.	GA WAGES / IN	COME		4.	GA WAGES / INCOME	
5.	GA TAX WITHHELD	5.	GA TAX WITHH	ELD		5.	GA TAX WITHHELD	
23.	Georgia Income Tax Withheld on Wages (Enter Tax Withheld Only and include W-2s				23.			6525
24.	Other Georgia Income Tax Withheld (Must include G2-A, G2-FL, G2-LP and/or C				24.			
25.	Estimated Tax paid for 2023 and Form I		,		25.			
26.	Schedule 2B Refundable Tax Credits (Cannot be claimed unless filed electronic				26.			
27.	Total prepayment credits (Add Lines 23, 2	24, 2	5 and 26)		27.			6525
28.	If Line 22 exceeds Line 27, subtract Line balance due				28.			
29.	If Line 27 exceeds Line 22, subtract Line overpayment				29.			2090
30.	Amount to be credited to 2024 ESTIMA	TEI	) TAX		30.			0
31.	Georgia Wildlife Conservation Fund (No	aift	of less than \$1	00)	31.			
		_						
32.	Georgia Fund for Children and Elderly (			·				
33.	Georgia Cancer Research Fund (No gift	of l	ess than \$1.00	)	33.			
34.	Georgia Land Conservation Program (No	gif	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 I	ess	than \$1.00)		36.			
37.	Saving the Cure Fund (No gift of less th	an \$	51.00)		. 37.			
38.	Realizing Educational Achievement Can Hap (No gift of less than \$1.00)	pen	(REACH) Progra	am	. 38.			





YOUR SOCIAL SECURITY NUMBER

109-77-1320

39.	Public Safety Memorial Grant (No gift of	less than \$1.00)	3	9.		
40.	Disabled Veterans' Scholarship Fund (No	gift of less than \$1.00	)4	0.		
41.	Form 500 UET (Estimated tax penalty)	500 UET exception a	ttached 4	1.		
42.	Penalty: Late Payment and/or Late Filing.		4	2.		
43.	Interest		4	3.		
44.	(If you owe) Add Lines 28, 31 through MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REPO BOX 740399 ATLANTA, GA 30374-039	DEPARTMENT OF REVE VENUE PROCESSING (	NUE,	<b>i</b> .		
45	(If you are due a refund) Subtract the sum	of Lines 30 thru 43 from L	ine 20			
45.	THIS IS YOUR REFUND					2090
	Refund Due Mail To: GEORGIA DEPARTMI PO BOX 740380 ATLANTA, GA 30374-0380	ENT OF REVENUE PRO		ΓER,		2090
	If you do not enter Direct Deposit infor	mation or if you are a	first time file	r you will	be issued a paper check.	
	Direct Deposit (U.S. Accounts Only)  Type: Check			•		
	Routing	Ů	Account			
	Number 021000322		Number 4	330602	42904	
— Ta	axpayer's Signature (Check box if	deceased)	Spouse's Signa	ature	(Check box if deceased)	
Т	axpayer's Date of Death		Spouse's Dat	e of Death	1	
-	Taxpayer's Signature Date	Taxpayer's Phone No 331-212-824			Spouse's Signature Date	
m	y providing my e-mail address I am authorizing the only account(s).  Taxpayer's E-mail Address	Georgia Department of Reve	nue to electronical	ly notify me a	at the below e-mail address regardin	g any updates to
,	axpayers E-mail Address				I authorize DOR to with the named pr	o discuss this return eparer.
	SYAM PRIYA RAM SAGAR GUPTA			Prepare 678-	er's Phone Number 965-9522	
١	Signature of Preparer Name of Preparer Other Than Taxpayer SYAM PRIYA RAM SAGAR GU	PT		Prepare	er's FEIN 171965	
F						