



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

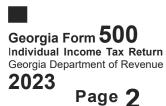
Individual Income Tax Return Georgia Department of Revenue

2023 (Approved software version)

Page 1

Fiscal Year Beginning	STATE GA ISSUED							
Fiscal Year Ending	YOUR DRIVER'S LICENSE/STATE ID	1	071355026					
YOUR FIRST NAME 1. SUBRAHMANYA		м і М	YOUR SOCIAL SECURITY NUMBER $781 - 48 - 9744$					
LAST NAME (For Name Change See IT MANYAM	-511 Tax Booklet)		SUFFIX					
SPOUSE'S FIRST NAME NAGA SRAVANI SRI		MI	spouse's social security number $995 - 91 - 6440$	DEPARTMENT USE ONLY				
LAST NAME GELLI			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. 1201 MARAH TRAIL CIR								
CITY (Please insert a space if the city has n 3. ATLANTA	nultiple names)		STATEZIP CODEGA30328					
(COUNTRY IF FOREIGN)								
4. Enter your Residency Status with the	appropriate numbe	e r		Residency Status 4. <u>1</u>				
1. FULL- YEAR RESIDENT 2. PART- YEAR RE	ESIDENT		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 Bo	oklet)	Filing Status 5 . B				
A. Single B. Married filing joint C. Married filin	g separate (Spouse's so	cial securi	ty number must be entered above) D. Head of Household or C	Qualifying Surviving Spouse				
6. Number of exemptions (Check app	propriate box(es) ar	nd enter	total in 6c.) 6a. Yourself × 6b. Spouse	× 6c. 2				
7a. Number of Qualified Dependents* 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.								

All Pages (1-5) are required for processing



First Name, MI.



Last Name

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

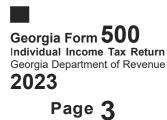
YOUR SOCIAL SECURITY NUMBER 781-48-9744

Social Security Number	Relationship to You	
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
INCOME COMPUTATIONS If amount on line 8, 9, 10, 13 or 15 is negative, use the	minus sign (-) Example -3456	
 8. Federal adjusted gross income (From Federal Form 1 (Do not use FEDERAL TAXABLE INCOME) If the amo W-2s you must include a copy of your Federal Form 9. Adjustments from Form 500 Schedule 1 (See IT-511⁻¹ 	040)	56957 ncome is less than your
10. Georgia adjusted gross income (Net total of Line 8 an	d Line 9) 10.	56957
11. Standard Deduction (Do not use FEDERAL STANDAF (See IT-511 Tax Booklet)	RD DEDUCTION) 11a.	7100
b. Self: 65 or over? Blind? Total Spouse: 65 or over? Blind? c. Total Standard Deduction (Line 11a + Line 11b)	x 1,300= 11b.	7100
		. ± 0 0

12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must include Federal Schedule A.

Use EITHER Line 11c OR Line 12c (Do not write on both lines)

	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 ^c enter balance	13	49857





YOUR SOCIAL SECURITY NUMBER 781-48-9744

14a. Enter the number from Line 6c. 2 Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.	7400			
14b. Enter the number from Line 7c. Multiply by \$3,000	14b.				
14c. Add Lines 14a. and 14b. Enter total	14c.	7400			
15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14)	15a.	42457			
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.	42457			
16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet)	16.	2206			
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 20. electronically)					
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.	2206			

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**.

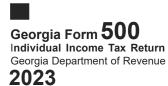
	(INCOME STATEMENT A)	(INCOME STATEMENT B)	(INCOME STATEMENT C)
1. 2.	WITHHOLDING TYPE: X W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) X SSN 861628308	 WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN 	 WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN
3.	EMPLOYER/PAYER STATE WITHHOLDING ID 3511704VD	3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID
4.	GA WAGES / INCOME 56957	4. GA WAGES / INCOME	4. GA WAGES / INCOME
5.	GA TAX WITHHELD 2711	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

01 1555 115 2023 GA 004 T1

23



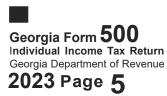


2400411545

YOUR SOCIAL SECURITY NUMBER 781-48-9744

Page 4

				(INCOME STATEMENT E)			(INCOME STATEMENT F)			
1.	WITHHOLDING TYPE: W-2 G2-A	G2-LP	1.	WITHHOLDING W-2	TYPE: G2-A	G2-LP	1.	WITHHOLDING T W-2	YPE: G2-A	G2-LP
	1099 G2-FL	G2-RP		1099	G2-FL	G2-RP		1099	G2-FL	G2-RP
2.	EMPLOYER/PAYER FEDE	ERAL	2.	EMPLOYER/PA	YER FEDERAI	-	2.	EMPLOYER/PAY	ER FEDERAL	
	ID NUMBER (FEIN)	SSN		ID NUMBER (FE	IN) SSN	l		ID NUMBER (FEI	N) SSN	
3.	EMPLOYER/PAYER STAT	TE WITHHOLDING ID	3.	EMPLOYER/PA	YER STATE V	ITHHOLDING ID	3.	EMPLOYER/PA	YER STATE W	ITHHOLDING ID
4.	GA WAGES / INCOME		4.	GA WAGES / IN	ICOME		4.	GA WAGES / IN	COME	
5.	GA TAX WITHHELD		5.	GA TAX WITHH	IELD		5.	GA TAX WITHH	ELD	
•							•			
23.	Georgia Income Tax	Withheld on Wage	s an	d 1099s		23.				2711
	(Enter Tax Withheld O									
24.	Other Georgia Incom (Must include G2-A, G	ne Tax Withheld 2-FL G2-LP and/or	G2-R	P)		. 24.				
25.	Estimated Tax paid for					. 25.				
26.	Schedule 2B Refunda (Cannot be claimed u					26.				
27.	Total prepayment cred		-			27.				2711
28.	If Line 22 exceeds Lir balance due									
29.	If Line 27 exceeds Lir	ne 22, subtract Line	22 fr	om Line 27 and	d enter	20.				
	overpayment					29.				505
30.	Amount to be credit	ed to 2024 ESTIM) ТАХ		. 30.				0
00.										
31.	Georgia Wildlife Cons	servation Fund (No	gift	of less than \$1	.00)	31.				
32.	Georgia Fund for Chi	ildren and Elderly (No g	ift of less than	\$1.00)	32.				
	-		_		-					
33.	Georgia Cancer Rese	earch Fund (No gif	t of le	ess than \$1.00)	33.				
34.	Georgia Land Conser	rvation Program (N	o gifi	t of less than \$	1.00)	34.				
	-		_							
35.	Georgia National Gua	ard Foundation (No	gift	of less than \$1	.00)	35.				
36.	Dog & Cat Sterilizatio	on Fund (No gift of	less	than \$1.00)		36.				
07	Solving the Owner From	d (No aift of loos t	hord	(1 00)		70				
37.	Saving the Cure Fund	u (INO GIIT OT IESS T	ian \$	o i .UU)		37.				
38.	Realizing Educational A		ppen	(REACH) Progra	am	38.				
	(No gift of less than	. ,	an	s (1-5) ar	e requi	red for p	roc	essing		
			30		o roqui			Soong		





YOUR SOCIAL SECURITY NUMBER 781 - 48 - 9744

39.	Public Safety Memorial Grant (No gi	ft of less than \$1.00)		39.		
40.	Disabled Veterans' Scholarship Fund	(No gift of less than \$	51.00)	40.		
41.	Form 500 UET (Estimated tax penal	ty) 500 UET except	tion attached	41.		
42.	Penalty: Late Payment and/or Late Fi	ling		42.		
43.	Interest			43.		
44.	(If you owe) Add Lines 28, 31 thro MAKE CHECK PAYABLE TO GEORG Mail To: GEORGIA DEPARTMENT OF PO BOX 740399 ATLANTA, GA 30374	A DEPARTMENT OF	REVENUE,	14.		
45.	(If you are due a refund) Subtract the s THIS IS YOUR REFUND					EOE
	Refund Due Mail To: GEORGIA DEPAR PO BOX 740380 ATLANTA, GA 30374-(TMENT OF REVENUE				505
I	f you do not enter Direct Deposit i	nformation or if you	are a first time fil	er you will	be issued a paper check.	
45a.	Direct Deposit (U.S. Accounts Only) Type:	Checking 🗙 Savings				
	Routing Number 051000017		Account	1350579		
and I	declare under the penalties of perjury that I/we belief, it is true, correct, and complete. If prepa			laration is bas	ed on all information of which the prep	
Id	ixpayer s Signature (Check be	in deceased)	Spouse's Sig	llature	(Check box if deceased)	
Т	axpayer's Date of Death		Spouse's Da	ate of Deat	n	
٦	Faxpayer's Signature Date	Taxpayer's Pho 571-224-7			Spouse's Signature Date	
	y providing my e-mail address I am authorizing y account(s).	the Georgia Department of	Revenue to electronic	ally notify me	at the below e-mail address regarding	any updates to
Т	axpayer's E-mail Address					
					I authorize DOR to with the named pre	
, L	SYAM PRIYA RAM SAGAR GUPI	A		Prepar 678-	er's Phone Number -965–9522	
Ν	Signature of Preparer lame of Preparer Other Than Taxpaye SYAM PRIYA RAM SAGAR			Prepar	er's FEIN	
_						

Preparer's Firm Name GLOBAL TAXES LLC Preparer's SSN/PTIN/SIDN P02082703

REV 01/29/24 PRO

All Pages (1-5) are required for processing