

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

|  |  |
|--|--|
| Taxpayer's name<br><b>ADITYA VARDHAN YARRAMSETTY</b> | Social security number<br><b>733-61-7467</b> |
| Spouse's name  | Spouse's social security number              |

## Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

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.

|  |          |      |
|--|----------|------|
| <b>1</b> Adjusted gross income . . . . .   | <b>1</b> | 764. |
| <b>2</b> Total tax . . . . .   | <b>2</b> | 0.   |
| <b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | <b>3</b> |      |
| <b>4</b> Amount you want refunded to you . . . . .                               | <b>4</b> |      |
| <b>5</b> Amount you owe . . . . .  | <b>5</b> | 0.   |

## 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

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

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 7 | 4 | 6 | 7 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.  
ERO firm name  
Enter five digits, but don't enter all zeros
- 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 ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

- I authorize \_\_\_\_\_ to enter or generate my PIN 

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing.  
ERO firm name  
Enter five digits, but don't enter all zeros
- 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 ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

## Practitioner PIN Method Returns Only—continue below

### Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your 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**

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Your first name and middle initial ADITYA VARDHAN Last name YARRAMSETTY Your social security number 733 61 7467

If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 3528 GENTIAN BLVD Apt. no. R5 Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. COLUMBUS State GA ZIP code 31907 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status Single Married filing jointly (even if only one had income) Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents

Income section table with rows 1a through 1z and 1a through 1i, including Total amount from Form(s) W-2, Household employee wages, Tip income, etc.

Table with rows 2a through 6a, including Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits

Table with rows 7 through 15, including Capital gain or (loss), Additional income from Schedule 1, Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8, Adjustments to income from Schedule 1, Subtract line 10 from line 9, Standard deduction or itemized deductions, Qualified business income deduction, Add lines 12 and 13, Subtract line 14 from line 11

|                        |  |  |           |    |
|------------------------|--|--|-----------|----|
| <b>Tax and Credits</b> | <b>16</b>  | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | <b>16</b> | 0. |
|                        | <b>17</b>  | Amount from Schedule 2, line 3   | <b>17</b> |    |
|                        | <b>18</b>  | Add lines 16 and 17  | <b>18</b> | 0. |
|                        | <b>19</b>  | Child tax credit or credit for other dependents from Schedule 8812   | <b>19</b> |    |
|                        | <b>20</b>  | Amount from Schedule 3, line 8   | <b>20</b> |    |
|                        | <b>21</b>  | Add lines 19 and 20  | <b>21</b> |    |
|                        | <b>22</b>  | Subtract line 21 from line 18. If zero or less, enter -0-  | <b>22</b> | 0. |
|                        | <b>23</b>  | Other taxes, including self-employment tax, from Schedule 2, line 21   | <b>23</b> | 0. |
| <b>24</b>              | Add lines 22 and 23. This is your <b>total tax</b> | <b>24</b>  | 0.        |    |

|                 |   |   |            |  |
|-----------------|---|---|------------|--|
| <b>Payments</b> | <b>25</b>   | Federal income tax withheld from:                               |            |  |
|                 | <b>a</b>  | Form(s) W-2   | <b>25a</b> |  |
|                 | <b>b</b>  | Form(s) 1099  | <b>25b</b> |  |
|                 | <b>c</b>  | Other forms (see instructions)                                  | <b>25c</b> |  |
|                 | <b>d</b>  | Add lines 25a through 25c                                       | <b>25d</b> |  |
|                 | <b>26</b>   | 2023 estimated tax payments and amount applied from 2022 return | <b>26</b>  |  |
|                 | <b>27</b>   | Earned income credit (EIC)                                      | <b>27</b>  |  |
|                 | <b>28</b>   | Additional child tax credit from Schedule 8812                  | <b>28</b>  |  |
|                 | <b>29</b>   | American opportunity credit from Form 8863, line 8              | <b>29</b>  |  |
|                 | <b>30</b>   | Reserved for future use   | <b>30</b>  |  |
| <b>31</b>       | Amount from Schedule 3, line 15   | <b>31</b>   |            |  |
| <b>32</b>       | Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> | <b>32</b>   |            |  |
| <b>33</b>       | Add lines 25d, 26, and 32. These are your <b>total payments</b>                                 | <b>33</b>   |            |  |

|               |  |  |            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
|---------------|--|--|------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|
| <b>Refund</b> | <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>   | <b>34</b>  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
|               | <b>35a</b>   | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>  | <b>35a</b> |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
|               | <b>b</b>   | Routing number <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | X          | X | X | X | X | X | X | X | X | X |   |   |   |   |   |   |  |  |
|               | X  | X  | X          | X | X | X | X | X | X | X |   |   |   |   |   |   |   |   |  |  |
| <b>d</b>      | Account number <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> | X  | X          | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |  |  |
| X             | X  | X  | X          | X | X | X | X | X | X | X | X | X | X | X | X | X |   |   |  |  |
| <b>36</b>     | Amount of line 34 you want <b>applied to your 2024 estimated tax</b>   | <b>36</b>  |            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |

|                       |           |   |           |    |
|-----------------------|-----------|---|-----------|----|
| <b>Amount You Owe</b> | <b>37</b> | Subtract line 33 from line 24. This is the <b>amount you owe</b> .<br>For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions | <b>37</b> | 0. |
|                       | <b>38</b> | Estimated tax penalty (see instructions)  | <b>38</b> |    |

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes**. Complete below.  **No**

|                 |           |                                      |
|-----------------|-----------|--------------------------------------|
| Designee's name | Phone no. | Personal identification number (PIN) |
|-----------------|-----------|--------------------------------------|

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

|   |  |                            |   |
|---|--|----------------------------|---|
| Your signature  | Date                                     | Your occupation<br>STUDENT | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date                                     | Spouse's occupation        | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. (706) 442-0539                                      | Email address ADITYAVARDHAN600@GMAIL.COM |                            |   |

**Paid Preparer Use Only**

|  |   |                    |                   |   |
|--|---|--------------------|-------------------|---|
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date<br>02/19/2024 | PTIN<br>P02082703 | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC                      | Firm's address<br>245 ROONEY CT E BRUNSWICK NJ 08816      |                    |                   | Phone no. (678) 965-9522                            |
| Firm's EIN   |   |                    |                   | 84-3171965  |



2400411515



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 GA  
ISSUED

Fiscal Year  
Ending

YOUR DRIVER'S  
LICENSE/STATE ID

071310356

YOUR FIRST NAME  
1. ADITYA VARDHAN

MI YOUR SOCIAL SECURITY NUMBER  
733-61-7467

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

SUFFIX

SPOUSE'S FIRST NAME

MI SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME

SUFFIX

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED  
2. 3528 GENTIAN BLVD

APT NO R5

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

STATE ZIP CODE  
GA 31907

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number ..... 4. 1

Residency Status

1. FULL- YEAR RESIDENT 2. PART- YEAR RESIDENT TO 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)..... 5. A

Filing Status

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

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself X 6b. Spouse 6c. 1

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

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2400411525

YOUR SOCIAL SECURITY NUMBER  
 733-61-7467

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

|                               |                            |
|-------------------------------|----------------------------|
| <b>First Name, MI.</b>        | <b>Last Name</b>           |
| <b>Social Security Number</b> | <b>Relationship to You</b> |
| <b>First Name, MI.</b>        | <b>Last Name</b>           |
| <b>Social Security Number</b> | <b>Relationship to You</b> |
| <b>First Name, MI.</b>        | <b>Last Name</b>           |
| <b>Social Security Number</b> | <b>Relationship to You</b> |
| <b>First Name, MI.</b>        | <b>Last Name</b>           |
| <b>Social Security Number</b> | <b>Relationship to You</b> |

**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 1040).....  | 8.   | 764   |
| <b>(Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.</b> |      |       |
| 9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) .....  | 9.   |       |
| 10. Georgia adjusted gross income (Net total of Line 8 and Line 9).....   | 10.  | 764   |
| 11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION).....   | 11a. | 5400  |
| <b>(See IT-511 Tax Booklet)</b>   |      |       |
| b. Self: 65 or over?      Blind?      Total      x 1,300=.....  | 11b. |       |
| Spouse: 65 or over?      Blind?   |      |       |
| c. Total Standard Deduction (Line 11a + Line 11b).....  | 11c. | 5400  |
| <b>Use EITHER Line 11c OR Line 12c (Do not write on both lines)</b>   |      |       |
| 12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, <b>you must include Federal Schedule A.</b>   |      |       |
| 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.....   | 13.  | -4636 |



2400411535

YOUR SOCIAL SECURITY NUMBER  
733-61-7467

**Page 3**

|  |      |       |
|--|------|-------|
| 14a. Enter the number from Line 6c. <b>1</b> Multiply by \$2,700 for filing status A or D<br>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).....  | 15a. | -7336 |
| 15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after<br>applying the 80% limitation, see IT-511 Tax Booklet for more information).... | 15b. |       |
| 15c. Georgia Taxable Income (Line 15a less Line 15b).....  | 15c. | -7336 |
| 16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet) .....  | 16.  | 0     |
| 17. Low Income Credit 17a. <b>1</b> 17b. <b>26</b> .....   | 17c. | 0     |
| 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. <b>Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed<br/>electronically)</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.  | 0     |

**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:                           |       |       |  |
| <input checked="" type="checkbox"/> 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) <input checked="" type="checkbox"/> SSN |       |       |  | 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN |       |       |  | 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN |       |       |  |
| 232573585  |       |       |  |  |       |       |  |  |       |       |  |
| 3. EMPLOYER/PAYER STATE WITHHOLDING ID   |       |       |  | 3. EMPLOYER/PAYER STATE WITHHOLDING ID         |       |       |  | 3. EMPLOYER/PAYER STATE WITHHOLDING ID         |       |       |  |
| 2008764WI  |       |       |  |  |       |       |  |  |       |       |  |
| 4. GA WAGES / INCOME   |       |       |  | 4. GA WAGES / INCOME                           |       |       |  | 4. GA WAGES / INCOME                           |       |       |  |
| 764  |       |       |  |  |       |       |  |  |       |       |  |
| 5. GA TAX WITHHELD   |       |       |  | 5. GA TAX WITHHELD                             |       |       |  | 5. GA TAX WITHHELD                             |       |       |  |
| 2  |       |       |  |  |       |       |  |  |       |       |  |

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

**All Pages (1-5) are required for processing**

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**YOUR SOCIAL SECURITY NUMBER**  
 733-61-7467

**Page 4**

| (INCOME STATEMENT D)  |       |       | (INCOME STATEMENT E)                       |       |       | (INCOME STATEMENT F)                       |       |       |
|---|-------|-------|--|-------|-------|--|-------|-------|
| 1. WITHHOLDING TYPE:  |       |       | 1. WITHHOLDING TYPE:                       |       |       | 1. WITHHOLDING TYPE:                       |       |       |
| 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)  | SSN   |       | 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) | SSN   |       | 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) | SSN   |       |
| 3. EMPLOYER/PAYER STATE WITHHOLDING ID  |       |       | 3. EMPLOYER/PAYER STATE 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 and 1099s .....                                  | 23.   |       |  |       |       |  |       | 2     |
| (Enter Tax Withheld Only and include W-2s and/or 1099s)                                   |       |       |  |       |       |  |       |       |
| 24. Other Georgia Income Tax Withheld .....   | 24.   |       |  |       |       |  |       |       |
| (Must include G2-A, G2-FL, G2-LP and/or G2-RP)  |       |       |  |       |       |  |       |       |
| 25. Estimated Tax paid for 2023 and Form IT-560 .....                                     | 25.   |       |  |       |       |  |       |       |
| 26. Schedule 2B Refundable Tax Credits.....   | 26.   |       |  |       |       |  |       |       |
| (Cannot be claimed unless filed electronically)   |       |       |  |       |       |  |       |       |
| 27. Total prepayment credits (Add Lines 23, 24, 25 and 26).....                           | 27.   |       |  |       |       |  |       | 2     |
| 28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter balance due.....  | 28.   |       |  |       |       |  |       |       |
| 29. If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter overpayment ..... | 29.   |       |  |       |       |  |       | 2     |
| 30. Amount to be credited to 2024 ESTIMATED TAX .....                                     | 30.   |       |  |       |       |  |       | 0     |
| 31. Georgia Wildlife Conservation Fund (No gift of less than \$1.00).....                 | 31.   |       |  |       |       |  |       |       |
| 32. Georgia Fund for Children and Elderly (No gift of less than \$1.00).....              | 32.   |       |  |       |       |  |       |       |
| 33. Georgia Cancer Research Fund (No gift of less than \$1.00) .....                      | 33.   |       |  |       |       |  |       |       |
| 34. Georgia Land Conservation Program (No gift 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 less than \$1.00).....                       | 36.   |       |  |       |       |  |       |       |
| 37. Saving the Cure Fund (No gift of less than \$1.00).....                               | 37.   |       |  |       |       |  |       |       |
| 38. Realizing Educational Achievement Can Happen (REACH) Program .....                    | 38.   |       |  |       |       |  |       |       |
| (No gift of less than \$1.00)   |       |       |  |       |       |  |       |       |

