### Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

#### IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

▶ Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

	5.5.1.65 55.1.65				
Submis	ssion Identification Number (SID)				
Taxpayer	's name	Social securi	ty numl	per	
SAI	KRISHNA YEDLURI	134-02	-147	1	
Spouse's	name	Spouse's soo	ial sec	urity number	r
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you a	re au	thorizing.	.)
	hole dollars only on lines 1 through 5.	, ,			<del>,</del>
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1	6	,827.
	Total tax		2		0.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		
4	Amount you want refunded to you		4		
	Amount you owe		5		0.
Part I	Taxpayer Declaration and Signature Authorization (Be sure you get and kenalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)				
return (o to send for any o Agent to paymen authoriz paymen business taxes to persona	wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmirmy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indict of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate t, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment confidential information necessary to answer inquiries and resolve issues related to the payment in the payment of the payment (PIN) below is my signature for the income tax return (original or amended) I and its Europe Withdray (Concept.)	ter, or electrication of the ties. Treasury a sated in the ties to debit the authorization must be processing or ayment. I fur	onic reransmismod its of ax prepartion. The receiff the elanger according to the receiff the receiff the according to the according to the receiff the according to the according to the receiff the according to th	turn origina ssion, (b) the designated paration soft to this according for revoke (ved no late ectronic pasknowledge	tor (ERO) ne reason Financial ftware for bunt. This cancel) a er than 2 syment of that the
	ic Funds Withdrawal Consent.  yer's PIN: check one box only				
X	l authorize GLOBAL TAXES LLC to enter or generate r	ny PIN 2	1 4	4 7 1	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	aomy
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methodelow.				
Your si	gnature ▶ Date ▶				
Spouse	e's PIN: check one box only				
	I authorize to enter or generate r	nv PIN			as my
	ERO firm name	En		digits, but	a.c,
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method below.				
Spouse	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part I	Certification and Authentication — Practitioner PIN Method Only				
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't ent	6 0	8 2 7	1
		Jon t ent	J. un 20		
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subminents of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS e-file Providers of In	tting this retu	urn in a	accordance	
ERO's	signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To D	o So			

### E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



<b>1040</b>		artment of the Treasury—Internal Revenue Servi		ırn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space	e.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate i	instructions.	_
Your first name	and m	iddle initial	Last nar	ne							Your so	cial sec	urity number	
SAI KRIS	SHNA		YEDL	URI							134	02	1471	
		s first name and middle initial	Last nar										security num	ıbeı
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.					Apt. no.				ection Campa	aign
3528 GE1						1			3-06				ou, or your jointly, want :	<b>\$</b> 3
• • • • •		ice. If you have a foreign address, also co	mplete sp	paces belo	OW.	Sta		ZIP c				_	nd. Checking	
COLUMBUS						GA		319					not change	
Foreign country	y name		F	oreign pr	ovince/state/	count	ty	Foreig	ın postal c	ode	your tax	or refu	_	use
Filing Status	, X	Single					Head of h	useh	old (HOH	— ∃)				
Check only		Married filing jointly (even if only o	ne had ir	ncome)										
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spoi	use (	QSS)			
	lf y	you checked the MFS box, enter the	name o	f your sp	ouse. If you	ı che	ecked the HOF	or Q	SS box,	enter	r the chi	ld's na	me if the	
	qu	ıalifying person is a child but not you	ır depen	dent:										
Digital	At a	ny time during 2023, did you: (a) rec	eive (as a	a reward	l, award, or	payn	nent for prope	rty or	services	); or (	(b) sell,			
Assets	exch	nange, or otherwise dispose of a dig	ital asset	t (or a fin	ancial inter	est ir	n a digital asse	et)? (Se	ee instru	ction	s.)		es 🔀 No	
Standard	Som	neone can claim: 🗌 You as a de	pendent		Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien	l							
Age/Blindness	s You	: Were born before January 2, 1	959	Are bli	nd <b>Sp</b>	ouse	: Was bor	rn befo	ore Janua	ary 2	, 1959		s blind	
Dependent	s (see	instructions):		( <b>2)</b> S	ocial security	,	(3) Relationsh	nip (4	) Check t	he bo	x if quali	fies for (	see instruction	ns):
If more		irst name Last name		number to you					Child t	ax cre	edit	Credit fo	or other depende	ents
than four														
dependents,														
see instruction and check	S													
here	]													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	tions) .						1a		6,827	7.
Attach Form(s)	b	Household employee wages not re	•		` '						1b			
W-2 here. Also	С	Tip income not reported on line 1a			•						1c			
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ictions)				1d			
1099-R if tax	е	Taxable dependent care benefits f									1e			
was withheld.	f	Employer-provided adoption bene	fits from	Form 88	839, line 29						1f			
If you did not get a Form	g	Wages from Form 8919, line 6 .									1g			
W-2, see	h	Other earned income (see instruct	,								1h	_	0	).
instructions.	i	Nontaxable combat pay election (s	see instru	uctions)			<u>l 1i</u>						6 005	,
	Z	Add lines 1a through 1h			· · ·						1z		6,827	<u> </u>
Attach Sch. B if required.	2a	· —	2a				axable interes				2b			
ii required.	3a		3a				ordinary divide							
Standard	4a	<del>-</del>	4a				axable amoun							
Deduction for—	5a		5a				axable amoun							
Single or Married filing	6a	,	6a		-11-1		axable amoun	τ		٠ -	6b			
separately, \$13,850	C	If you elect to use the lump-sum e		,		`	,				-			
Married filing	7	Capital gain or (loss). Attach Sche								. L	J 7			
jointly or Qualifying	8	Additional income from Schedule	-								8		6 005	7
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-							9		6,827	•
Head of	10	Adjustments to income from Sche									10		- 005	
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-	_						11		6,827	
If you checked	12	Standard deduction or itemized				-					12		13,850	١.
any box under Standard	13	Qualified business income deduct									13		12 050	
Deduction, see instructions.	14	Add lines 12 and 13									14		13,850	

Form 1040 (2023	3)								Page <b>2</b>	
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌		16	0.	
Credits	17	Amount from Schedule 2, lir	•				- 	. 17		
	18	Add lines 16 and 17	. 18	0.						
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			. 19		
	20	Amount from Schedule 3, lir	ne 8					. 20		
	21	Add lines 19 and 20						. 21		
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				. 22	0.	
	23	Other taxes, including self-e						23	0.	
	24	Add lines 22 and 23. This is						. 24	0.	
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				25a				
	b	Form(s) 1099				25b				
	С	Other forms (see instruction				25c				
	d	Add lines 25a through 25c	•					25d		
If you have a	26	2023 estimated tax paymen						. 26		
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit	from Form 8863	3. line 8		29				
	30	Reserved for future use .		*		30				
	31	Amount from Schedule 3, lir				31				
	32	Add lines 27, 28, 29, and 31	. 32							
	33	Add lines 25d, 26, and 32. T								
Refund	34	If line 33 is more than line 24						34		
neruna	35a	Amount of line 34 you want	-				_	- Hi		
Direct deposit?	b	Routing number X X X								
See instructions.	d	Account number X X X			<b>c</b> Type:		Saving			
	36	Amount of line 34 you want				36				
Amount	37	Subtract line 33 from line 24				1 00		-		
You Owe	31	For details on how to pay, g						. 37	0.	
	38	Estimated tax penalty (see in	_	-		38		O/	Ů.	
Third Party		you want to allow another								
Designee		structions	•				Complet	te below.	<b>⋉</b> No	
200.900		signee's		Phone			•	entification		
	nar	me		no.		nun	nber (PIN	I)		
Sign		der penalties of perjury, I declare t								
Here	bei	ief, they are true, correct, and corr	ipiete. Declaration	1	1	ased on all informat	- 1		-	
	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here	
Joint return?					STUDENT AS	SSTSTANT		ee inst.)	iiv, enter it nere	
See instructions.	Sp	ouse's signature. If a joint return,	both must sian.	Date	Spouse's occupat		If	the IRS se	nt your spouse an	
Keep a copy for		,	3				Id	lentity Prote	ection PIN, enter it here	
your records.						(s	ee inst.)			
	Ph	one no. (470)939-493	6	Email address	SAIKRISHNAYED	LURI97@GMAIL.	COM			
Paid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:	
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/28/2024	P020	082703	Self-employed	
Use Only	Fin	m's name GLOBAL TA	XES LLC				P	Phone no. (678)965-9522		
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Fi	irm's EIN	84-3171965	
		n1040 for instructions and the late							Form <b>1040</b> (2023)	





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

2023 (Approved software version)

7a. Number of Qualified Dependents\*

#### Page 1

Beginning STATE GΑ **ISSUED** YOUR DRIVER'S Fiscal Year LICENSE/STATE ID 071313436 Ending YOUR FIRST NAME YOUR SOCIAL SECURITY NUMBER 1. SAI KRISHNA 134-02-1471 LAST NAME (For Name Change See IT-511 Tax Booklet) SUFFIX YEDLURI 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. 3528 GENTIAN BLVD APT NO G06 ZIP CODE CITY (Please insert a space if the city has multiple names) STATE 31907 3. COLUMBUS GA (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.

\*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

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

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

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

First Name, MI.



**Last Name** 

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

2023

Page 2

YOUR SOCIAL SECURITY NUMBER 134-02-1471

	Social Security Number	Relationship to You		
First Na	me, MI.	Last Name		
	Social Security Number	Relationship to You		
First Na	me, MI.	Last Name		
	Social Security Number	Relationship to You		
First Nar	me, MI.	Last Name		
	Social Security Number	Relationship to You		
<b>If amount o</b> 8. Federal	COMPUTATIONS on line 8, 9, 10, 13 or 15 is negative, use the n adjusted gross income (From Federal Form 104 t use FEDERAL TAXABLE INCOME) If the amoun	10)	. 8.	6827
W-2s y	ou must include a copy of your Federal Form 10	040 Pages 1, 2, and Sche	dule 1.	our
9. Adjustm	nents from Form 500 Schedule 1 (See IT-511 Ta	ıx Booklet)	. 9.	
10. Georgia	adjusted gross income (Net total of Line 8 and	Line 9)	10.	6827
	d Deduction (Do not use FEDERAL STANDARD T-511 Tax Booklet)	DEDUCTION)	11a.	5400
b. Self	: 65 or over? Blind? Total	x 1,300=	11b.	
c. Tota	e: 65 or over? Blind? al Standard Deduction (Line 11a + Line 11b) e EITHER Line 11c OR Line 12c (Do not write on both		11c.	5400
12. Total Ite	mized Deductions used in computing Federal Taxa	ble Income. If you use iter	mized deductions, <b>you must include Federal</b>	Schedule A
a. Fed	eral Itemized Deductions (Schedule A- Form 104	40)	12a.	
b. Less	s adjustments: (See IT-511 Tax Booklet)		12b.	
c. Geo	rgia Total Itemized Deductions		12c.	
13 Subtrac	t either Line 11c or Line 12c from Line 10: enter	halance	12	1/127

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



2023

Page 3

YOUR SOCIAL SECURITY NUMBER 134-02-1471

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>		-1273
15c. Georgia Taxable Income (Line 15a less Line 15b)	15c.	-1273
16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet)	16.	0
17. Low Income Credit 17a. 1 17b. 20	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. Total Credits Used from Schedule 2 Georgia Tax Credits (must be file 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.	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 T	ГҮРЕ:			
	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.	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) X SSN			2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN				. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN				
	5860112	808											
3.	EMPLOYER/PA 2827968		THHOLDING ID	3.	EMPLOYER/PA	AYER STATE V	VITHHOLDING ID	3.	EMPLOYER/PAY	ER STATE W	THHOLDING ID		
4.	GA WAGES / IN	<b>соме</b> 6827		4.	GA WAGES / IN	NCOME		4.	GA WAGES / INC	COME			
5.	GA TAX WITHH	ELD 105		5.	GA TAX WITHH	IELD		5.	GA TAX WITHHE	ELD			

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 134-02-1471

ID

### Page 4

	(INCOME STATEMENT D)		(INCOME STAT	EMENT	E)			(INCOME STATE	MENT F)	
1.	WITHHOLDING TYPE:	1.	WITHHOLDING	TYPE:			1.	WITHHOLDING T	YPE:	
	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/PA		SSN		2.	EMPLOYER/PAYI ID NUMBER (FEIN		
3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3.	EMPLOYER/PA	YER ST	ATE WI	THHOLDING ID	3.	EMPLOYER/PAY	'ER STATE V	VITHHOLDING I
4.	GA WAGES / INCOME	4.	GA WAGES / IN	ICOME			4.	GA WAGES / INC	COME	
5.	GA TAX WITHHELD	5.	GA TAX WITHH	ELD			5.	GA TAX WITHHE	ELD	
23.	Georgia Income Tax Withheld on Wages (Enter Tax Withheld Only and include W-2s					23.				105
24.	Other Georgia Income Tax Withheld (Must include G2-A, G2-FL, G2-LP and/or G	 32-RI	 P)			24.				
25.	Estimated Tax paid for 2023 and Form I	Γ-560	)			25.				
26.	Schedule 2B Refundable Tax Credits (Cannot be claimed unless filed electroni					26.				
27.	Total prepayment credits (Add Lines 23, 2	24, 2	5 and 26)			27.				105
28.	If Line 22 exceeds Line 27, subtract Line balance due					28.				
29.	If Line 27 exceeds Line 22, subtract Line 2 overpayment					. 29.				105
30.	Amount to be credited to 2024 ESTIMA	TEC	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 g	ft of less than	\$1.00)		32.				
33.	Georgia Cancer Research Fund (No gift	of le	ess 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 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	(REACH) Progra	am		38.				





YOUR SOCIAL SECURITY NUMBER 134-02-1471

2023 Page 5

39.	Public Safety Memorial Grant (No gift of	less than \$1.00)		39.		
40.	Disabled Veterans' Scholarship Fund (No	gift of less than \$1.	00)4	40.		
41.	Form 500 UET (Estimated tax penalty)	500 UET exception	n attached	41.		
42.	Penalty: Late Payment and/or Late Filing		4	12.		
43.	Interest			13.		
44.	(If you owe) Add Lines 28, 31 through MAKE CHECK PAYABLE TO GEORGIA I Mail To: GEORGIA DEPARTMENT OF REPO BOX 740399 ATLANTA, GA 30374-03	DEPARTMENT OF RE	VENUE,	4.		
45.	(If you are due a refund) Subtract the sum					105
	THIS IS YOUR REFUNDRefund Due Mail To: GEORGIA DEPARTM	ENT OF REVENUE P		ITER,		105
	PO BOX 740380 ATLANTA, GA 30374-0380 If you do not enter Direct Deposit info		a a first time file	ar vou will	ha issuad a nanar chack	
	Direct Deposit (U.S. Accounts Only) Type: Chec	-		er you will	be issued a paper check.	
	Routing	v	Account			
	Number 061000227  Mail pages 1-5 and any applicable	a achadulas forms	Number 5	366152	683	
— Ta	axpayer's Signature (Check box if	deceased)	 Spouse's Sigr	nature	(Check box if deceased)	
7	axpayer's Date of Death		Spouse's Da	to of Dooth	,	
!	axpayer's Date or Death		Spouse's Da	ne or Death		
	Taxpayer's Signature Date	Taxpayer's Phone 470-939-49			Spouse's Signature Date	
	by providing my e-mail address I am authorizing the ny account(s).	Georgia Department of Re	evenue to electronica	ally notify me a	t the below e-mail address regarding a	ny updates to
7	axpayer's E-mail Address				Lavidharina DOD 4a di	th:t
					I authorize DOR to di with the named prepa	
-	SYAM PRIYA RAM SAGAR GUPTA	TALLAM_		Prepare 678-	r's Phone Number 965-9522	
1	Signature of Preparer Name of Preparer Other Than Taxpayer SYAM PRIYA RAM SAGAR GU	JPT		Prepare 84-3	r's FEIN 171965	
F	Preparer's Firm Name GLOBAL TAXES LLC			Prepare P020	er's SSN/PTIN/SIDN 82703	