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

Submission Identification Number (SID) Social security number DHANUSHYA VEERALLA 663-55-3257 Spouse's name Spouse's social security number 2023 Tax Return Information — Tax Year Ending December 31, (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. 1 Adjusted gross income 2 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . 3 Amount you want refunded to you 4 Amount you owe 0 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 X lauthorize GLOBAL TAXES LLC to enter or generate my PIN as mv Enter five digits, but ERO firm name don't enter all zeros signature on the income tax return (original or amended) I am now authorizing. 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 a Date a <u>03-08-202</u> Spouse's PIN: check one box only I authorize to enter or generate my PIN as mv ERO firm name Enter five digits, but signature on the income tax return (original or amended) I am now authorizing. 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 a 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. 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 a

BAA

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return 2023 OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Ja	an. 1–De	c. 31, 2023, or other tax year beginning		, 2023, end	ing			, 20	5	See sep	arate inst	ructions.
Your first nam	ne and m	niddle initial	Last na	ame					١	our soc	ial security	y number
DHANUSH	IYA		VEE	RALLA						663	55 32	257
If joint return,	spouse'	s first name and middle initial	Last na	ame					8	Spouse's	social sec	urity numbe
											<u></u>	
Home address	s (numb	er and street). If you have a P.O. box, see	instruct	ions.				Apt. no.	F	Presiden	tial Electic	n Campaig
3528 GE								Q9			ere if you,	•
City, town, or	post offi	ce. If you have a foreign address, also co	mplete :	spaces below.	Sta	te	ZIP (•	٠,	tly, want \$3 Checking a
COLUMBU					GP			907	b	oox belo	w will not o	•
Foreign count	ry name			Foreign province/state/o	count	у	Fore	ign postal co	ode y	our tax	or refund.	_ c
	<u> </u>	7				<u> </u>	L.				∐ You	Spouse
Filing Statu	s 🗵	Single				☐ Head of ho	ouser	nold (HOH))			
Check only	L	Married filing jointly (even if only or	ne had	income)		П с .;; :			,	.00\		
one box.	L.			-f		☐ Qualifying		• .	•	,	-l' :	:f 4h -
		you checked the MFS box, enter the alifying person is a child but not you			ı cne	cked the HOF	1 or C	e box, e	enter	tne chiid	ıs name ı	i the
											<i>,</i>	,
Digital		ny time during 2023, did you: (a) rec	,				•	, .	•	,		
Assets		nange, or otherwise dispose of a digi					et)? (S	See instruc	tions	5.)	∐ Yes	⊠ No
Standard	_	neone can claim: You as a de	•			•						
Deduction) <u> </u>	Spouse itemizes on a separate retur	n or yo	u were a dual-status	alien	<u> </u>						
Age/Blindnes	s You	: Were born before January 2, 1	959 [Are blind Spo	ouse	: Was bor	rn bef	ore Janua	ry 2,	1959	☐ Is bli	nd
Dependen	ts (see	e instructions):		(2) Social security	/	(3) Relationsh	nip ((4) Check th	e box	if qualifi	es for (see	instructions)
If more	(1) F	First name Last name		number		to you		Child ta	ax cre	dit (Credit for oth	er dependent
than four												
dependents, see instruction	ns —											
and check _	. —								<u></u>			
here L											<u> </u>	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	ee instructions)						1a		852.
Attach Form(s	b ()	Household employee wages not re								1b		
W-2 here. Also attach Forms		Tip income not reported on line 1a	,	,						1c	 	
W-2G and	d e	Medicaid waiver payments not rep Taxable dependent care benefits f		` '						1d 1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene								1f	+	-
If you did not	g	Wages from Form 8919, line 6.								1g	+	
gét a Form	9 h	Other earned income (see instruct								1h	+	0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		1i	i '					
	z	Add lines 1a through 1h					- 1			1z	1	852.
Attach Sch. B	2a	I	2a		b T	axable interes	t .			2b	1	
if required.	3a (3a		b C	ordinary divide	nds .			3b		
	4a		4a		b T	axable amoun	nt.			4b	+	
Standard Deduction for—	5a	Pensions and annuities	5a		b T	axable amoun	it.			5b		
Single or Married filing	- 6a	Social security benefits	6a		b T	axable amoun	nt.			6b		
_	С	If you elect to use the lump-sum e	lection	method, check here ((see	instructions)						
separately, \$13,850	7	Capital gain or (loss). Attach Sche	dule D	if required. If not requ	uired	, check here			. 🗆	7		
 Married filing jointly or Qualifying 	8	Additional income from Schedule	1, line 1	0						8		
surviving spouse \$27,700	, 9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		*	come		•			9		852.
\$27,700 ' • Head of	10	Adjustments to income from Sche	dule 1,	line 26						10		
household, \$20,800	<u>11</u>	Subtract line 10 from line 9. This is	•							11	 	852.
If you checked	<u>12</u>	Standard deduction or itemized					•			12	1	.3 , 850.
any box under Standard	13	Qualified business income deducti	ion from	n Form 8995 or Form	899	5-A				13		
Deduction,	14			<u></u>						14	1 1	.3 , 850.
see instructions.	15	Cubtract line 14 from line 11 If zon	ra ar la	an antar A Thin in w		ovabla inca-				15		(1

Tax and 16 Credits 17 18 19 20 21 22 23 24 Payments 25 a b c c d f you have qualifying child.27 28 29 30	Tax (see instructions). Check Amount from Schedule 2, lin Add lines 16 and 17 Child tax credit or credit for Amount from Schedule 3, lin Add lines 19 and 20 Subtract line 21 from line 18 Other taxes, including self-e Add lines 22 and 23. This is Federal income tax withheld Form(s) W-2	other dependent ne 8	s from Schedu	ile 8812	. 25a . 25b . 25c . 27 28		16 17 18 19 20 21 22 23 24 25d 26	0. 0. 0. 0.
18 19 20 21 22 23 24 Payments 25 a b c d f you have plualifying child.27 28 29	Add lines 16 and 17	other dependent ne 8	s from Schedu		. 25a . 25b . 25c		18 19 20 21 22 23 24	0.
19 20 21 22 23 24 Payments 25 a b c d f you have jualifying child, 27 attach Sch. EIC.	Child tax credit or credit for a Amount from Schedule 3, lin Add lines 19 and 20 Subtract line 21 from line 18 Other taxes, including self-e Add lines 22 and 23. This is Federal income tax withheld Form(s) W-2	other dependent he 8 If zero or less, employment tax, your total tax I from:	s from Schedu	alle 8812	. 25a . 25b . 25c . 27 28		19 20 21 22 23 24	0.
20 21 22 23 24 Payments 25 a b c d f you have jualifying child, 27 attach Sch. EIC.	Amount from Schedule 3, lin Add lines 19 and 20 Subtract line 21 from line 18 Other taxes, including self-e Add lines 22 and 23. This is Federal income tax withheld Form(s) W-2	If zero or less, imployment tax, your total tax I from: Its and amount a memory of the series and series are series and	enter -0	22 return	. 25a . 25b . 25c		20 21 22 23 24	0.
21 22 23 24 Payments 25 a b c d f you have jualifying child, 27 attach Sch. EIC.	Add lines 19 and 20 Subtract line 21 from line 18 Other taxes, including self-e Add lines 22 and 23. This is Federal income tax withheld Form(s) W-2 Form(s) 1099 Other forms (see instructions Add lines 25a through 25c 2023 estimated tax payment Earned income credit (EIC) Additional child tax credit fror American opportunity credit Reserved for future use . Amount from Schedule 3, line	If zero or less, imployment tax, your total tax I from:	enter -0	22 return	. 25a . 25b . 25c . 27 28		21 22 23 24 25d	0.
22 23 24 Payments 25 a b c d f you have qualifying child, 27 3ttach Sch. EIC.	Subtract line 21 from line 18 Other taxes, including self-e Add lines 22 and 23. This is Federal income tax withheld Form(s) W-2 Form(s) 1099 Other forms (see instructions Add lines 25a through 25c 2023 estimated tax payment Earned income credit (EIC) Additional child tax credit fror American opportunity credit Reserved for future use . Amount from Schedule 3, line	If zero or less, imployment tax, your total tax I from: I from Form 8863	enter -0	22 return	. 25a 25b 25c 		22 23 24 25d	0.
23 24 Payments 25 a b c d f you have qualifying child, 27 218 229	Other taxes, including self-e Add lines 22 and 23. This is Federal income tax withheld Form(s) W-2 Form(s) 1099 Other forms (see instructions Add lines 25a through 25c 2023 estimated tax payment Earned income credit (EIC) Additional child tax credit fror American opportunity credit Reserved for future use . Amount from Schedule 3, line	Imployment tax, your total tax I from: I from Schedule 8812 I from Form 8863	from Schedule	22, line 21	. 25a . 25b . 25c . 27 28		23 24 25d	0.
Payments 25 a b c d f you have jualifying child.27 28 29	Add lines 22 and 23. This is Federal income tax withheld Form(s) W-2 Form(s) 1099 Other forms (see instructions Add lines 25a through 25c 2023 estimated tax payment Earned income credit (EIC) Additional child tax credit fror American opportunity credit Reserved for future use . Amount from Schedule 3, line	your total tax I from:s)ss)ss and amount apm Schedule 8812 from Form 8863	pplied from 20		. 25a . 25b . 25c . 27 28		24 25d	
Payments 25 a b c d f you have plaining child.27 218 29	Federal income tax withheld Form(s) W-2 Form(s) 1099 Other forms (see instructions Add lines 25a through 25c 2023 estimated tax payment Earned income credit (EIC) Additional child tax credit fror American opportunity credit Reserved for future use . Amount from Schedule 3, line	s)ts and amount a	pplied from 20		. 25a . 25b . 25c . 25c		25d	0.
f you have qualifying child, 27 28 29	Form(s) W-2 Form(s) 1099 Other forms (see instructions Add lines 25a through 25c 2023 estimated tax payment Earned income credit (EIC) Additional child tax credit fror American opportunity credit Reserved for future use . Amount from Schedule 3, line	s)ts and amount a m Schedule 8812 from Form 8863	pplied from 20		.25b .25c			
f you have qualifying child, 27 28 29	Form(s) 1099 Other forms (see instructions Add lines 25a through 25c 2023 estimated tax payment Earned income credit (EIC) Additional child tax credit fror American opportunity credit Reserved for future use . Amount from Schedule 3, line	s)s)ts and amount a 	pplied from 20		.25b .25c			
f you have qualifying child attach Sch. EIC.	Other forms (see instructions Add lines 25a through 25c 2023 estimated tax payment Earned income credit (EIC) Additional child tax credit fror American opportunity credit Reserved for future use . Amount from Schedule 3, line	s)s) ts and amount a m Schedule 8812 from Form 8863	pplied from 20		27 28			
f you have qualifying child, 27 attach Sch. EIC.	Add lines 25a through 25c 2023 estimated tax payment Earned income credit (EIC) Additional child tax credit fror American opportunity credit Reserved for future use . Amount from Schedule 3, lin	ts and amount a m Schedule 8812 from Form 8863			27 28			
f you have qualifying child. 27 attach Sch. EIC. 28	2023 estimated tax payment Earned income credit (EIC) Additional child tax credit fror American opportunity credit Reserved for future use . Amount from Schedule 3, lin	ts and amount a m Schedule 8812 from Form 8863	pplied from 20 2 , line 8	22 return	27 28			
attach Sch. EIC.	Earned income credit (EIC) Additional child tax credit fror American opportunity credit Reserved for future use Amount from Schedule 3, lin		 2 , line 8		27 28		26	
28 29	Additional child tax credit from American opportunity credit Reserved for future use . Amount from Schedule 3, lin	m Schedule 8812 from Form 8863	2 , line 8		28		_	
28 29	American opportunity credit Reserved for future use . Amount from Schedule 3, lin	from Form 8863	, line 8					
	Reserved for future use . Amount from Schedule 3, lin							
20	Amount from Schedule 3, lin				29			
30		ne 15			30			
31	Add lines 27, 28, 20, and 21				31			
32	Aud 111100 21, 20, 20, allu 31	. These are you	total other pa	ayments and refu	indable credits		32	
33	Add lines 25d, 26, and 32. T	hese are your to	otal payments				33	
Refund 34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	. This is the amour	nt you overpaid		34	
35a	Amount of line 34 you want	-		3 is attached, chec	k here		35a	
Direct deposit? b	Routing number X X X		 .		Checking	Savings		
See instructions. d	Account number X X X	XXXXX	X X X X	X X X X	XX			
36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36			
Amount 37	Subtract line 33 from line 24							_
You Owe	For details on how to pay, go	_	-		1 1		37	0.
38	Estimated tax penalty (see in	nstructions) .			38			
	you want to allow another	•						N.
Designee	structions					•		⊠ No
	signee's me		Phone no.			sonal iden nber (PIN)	tification	
Sign Un	der penalties of perjury, I declare the	hat I have examine	d this return and	accompanying sche	dules and stateme	nts, and to	the best	of my knowledge and
	lief, they are true, correct, and com							
	ur signature		Date	Your occupation				nt you an Identity
				OTHER DAME			tection P e inst.)	IN, enter it here
Joint return? See instructions. Sn			5.	STUDENT				
Keep a copy for	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupation	on			nt your spouse an ection PIN, enter it here
your records.							e inst.)	,
Ph	one no. (706) 615-92	39	Email address	DHANUSHYAVEER	ALLA@GMAIL.C	OM		
Pro	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:
Paid SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/08/2024	P0208	32703	Self-employed
Preparer Fir	m's name GLOBAL TAX					-		678) 965-9522
Use ()niv —		Y CT E BRU	NSWICK N	J 08816			n's EIN	84-3171965
Go to www.irs.gov/Forr	n1040 for instructions and the late	st information		ВАА	REV 03/04/24 PRO			Form 1040 (2023)







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 ISSUED

Fiscal Year Ending

YOUR DRIVER'S LICENSE/STATE ID

YOUR FIRST NAME 1. DHANUSHYA

MI YOUR SOCIAL SECURITY NUMBER

663-55-3257

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

VEERALLA

SUFFIX

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 09

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

STATE

ZIP CODE

3. COLUMBUS

GΑ

31907

(COUNTRY IF FOREIGN)

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

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.

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

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.



Relationship to You

YOUR SOCIAL SECURITY NUMBER 663-55-3257

Page 2

Social Security Number

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

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 f amount on line 8, 9, 10, 13 or 15 is negative, use the m	ninus sign (-). Example -3456.	
Federal adjusted gross income (From Federal Form 1040 (Do not use FEDERAL TAXABLE INCOME) If the amoun W-2s you must include a copy of your Federal Form 1040 (Do not use FEDERAL TAXABLE INCOME).	nt on Line 8 is \$40,000 or more, or your gross income is less th	852 nan your
9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax		
Georgia adjusted gross income (Net total of Line 8 and L	_ine 9) 10.	852
Standard Deduction (Do not use FEDERAL STANDARD (See IT-511 Tax Booklet)	DEDUCTION) 11a.	5400
Spouse: 65 or over? Blind?	x 1,300= 11b.	F 400
c. Total Standard Deduction (Line 11a + Line 11b) Use EITHER Line 11c OR Line 12c (Do not write on both	11c. lines)	5400
2. Total Itemized Deductions used in computing Federal Taxab	ble Income. If you use itemized deductions, you must include Fe	deral Schedule A
a. Federal Itemized Deductions (Schedule A- Form 1040	0) 12a.	
b. Less adjustments: (See IT-511 Tax Booklet)		
c. Georgia Total Itemized Deductions	12c.	
3. Subtract either Line 11c or Line 12c from Line 10; enter b	balance13.	-4548



2023

Page 3

YOUR SOCIAL SECURITY NUMBER 663-55-3257

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
15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14)15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information).	15a. 15b.	-7248
15c. Georgia Taxable Income (Line 15a less Line 15b)	15c.	-7248
16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet)	16.	0
17. Low Income Credit 17a. 1 17b. 26	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)	ed 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: X W-2 G2-A G2-LP 1099 G2-FL G2-RP 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) X SSN	1. WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	1. WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN
232573585 3. EMPLOYER/PAYER STATE WITHHOLDING ID 2008764WI	3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES/INCOME 852	4. GA WAGES / INCOME	4. GA WAGES / INCOME
5. GA TAX WITHHELD 5	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



2400411545

(INCOME STATEMENT E)

YOUR SOCIAL SECURITY NUMBER 663-55-3257

ID

(INCOME STATEMENT F)

Page 4

(INCOME STATEMENT D)

(No gift of less than \$1.00)

1.	WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN		G2-LP G2-RP	(INCOME STATEMENT F) 1. WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	
3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WIT	HHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDI	NG II
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 (Enter Tax Withheld Only and include W-2s		23.	•	5
24.	Other Georgia Income Tax Withheld (Must include G2-A, G2-FL, G2-LP and/or G	 G2-RP)	 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, 25 and 26)	27.		5
28.	If Line 22 exceeds Line 27, subtract Line balance due		···28.		
29.	If Line 27 exceeds Line 22, subtract Line 2 overpayment		29.	Į	5
30.	Amount to be credited to 2024 ESTIMA	TED TAX	30.	(C
31.	Georgia Wildlife Conservation Fund (No	gift of less than \$1.00)	31.		
32.	Georgia Fund for Children and Elderly (N	lo 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 g	gift of less than \$1.00)	35.		
36.	Dog & Cat Sterilization Fund (No gift of I	less than \$1.00)	36.		
37.	Saving the Cure Fund (No gift of less th	nan \$1.00)	37.		
38.	Realizing Educational Achievement Can Hap	pen (REACH) Program	38.		

GLOBAL TAXES LLC



YOUR SOCIAL SECURITY NUMBER 663-55-3257

2023 Page 5

39	. Public Safety Memorial Grant	(No gift of les	s than \$1.00)		39.		
40	. Disabled Veterans' Scholarshi	ip Fund (No gif	t of less than S	\$1.00)	40.		
41	Form 500 UET (Estimated ta	x penalty) 5	500 UET excep	tion attached	. 41.		
12.	Penalty: Late Payment and/or	Late Filing			42.		
13.	Interest				43.		
44.	(If you owe) Add Lines 28, MAKE CHECK PAYABLE TO Mail To: GEORGIA DEPARTM PO BOX 740399 ATLANTA, G	GEORGIA DEP. MENT OF REVE	ARTMENT OF	REVENUE,	44.		
1 5.	(If you are due a refund) Subtra THIS IS YOUR REFUND Refund Due Mail To: GEORGIA PO BOX 740380 ATLANTA, GA	DEPARTMENT			45. ENTER,		5
	If you do not enter Direct De	posit informa	tion or if you	are a first time	filer you will	be issued a paper of	heck.
15a.	Direct Deposit (U.S. Accounts Only)	Type: Checking	Savings	×			
	Routing Number 061000227			Accour	t 8781374	1607	
	Mail pages 1-5 and any e declare under the penalties of perjury belief, it is true, correct, and complete.	that I/we have example the I/we have example that I/we have example that I/we have example that I/we have example the I/we example th	mined this return (including accompan	ing schedules ar	nd statements) and to the b	
and	e declare under the penalties of perjury belief, it is true, correct, and complete.	that I/we have example the I/we have example that I/we have example that I/we have example that I/we have example the I/we example th	mined this return (erson other than th	including accompan	ring schedules ar eclaration is base	nd statements) and to the b	h the preparer has knowledge
and T	e declare under the penalties of perjury belief, it is true, correct, and complete.	that I/we have example the I/we have example that I/we have example the I/we have example that I/we have example the I/we have example that I/we have example the I/we example that I/we have example the I/we example that I/we example the I/we example that I/we example the	mined this return (erson other than th	including accompan he taxpayer(s), this of Spouse's S	ring schedules ar eclaration is base	nd statements) and to the bid on all information of which	h the preparer has knowledge
and T	e declare under the penalties of perjury I belief, it is true, correct, and complete. Caxpayer's Signature	that I/we have example that I/we example t	mined this return (erson other than th	including accompan he taxpayer(s), this of Spouse's S Spouse's ne Number	ving schedules ar eclaration is base Signature	nd statements) and to the bid on all information of which	h the preparer has knowledge
T	e declare under the penalties of perjury I belief, it is true, correct, and complete. Caxpayer's Signature (C Caxpayer's Date of Death Taxpayer's Signature Date By providing my e-mail address I am au	that I/we have example that I/we exampl	mined this return (erson other than the eased) axpayer's Phore 106 - 615 - 9	including accompan he taxpayer(s), this of Spouse's S Spouse's ne Number	ving schedules areclaration is base Signature Date of Death	(Check box if dec	h the preparer has knowledge ceased)
_ T	e declare under the penalties of perjury I belief, it is true, correct, and complete. Caxpayer's Signature (C Taxpayer's Date of Death Taxpayer's Signature Date	that I/we have example that I/we e	mined this return (erson other than the eased) axpayer's Phore 106 - 615 - 9	including accompan he taxpayer(s), this of Spouse's S Spouse's ne Number	ving schedules areclaration is base Signature Date of Death	(Check box if dec	h the preparer has knowledge ceased)
T	e declare under the penalties of perjury I belief, it is true, correct, and complete. Gaxpayer's Signature (Company of the company of the co	that I/we have example that I/we e	mined this return (erson other than the eased) axpayer's Phore 106 - 615 - 9	including accompan he taxpayer(s), this of Spouse's S Spouse's ne Number	ving schedules areclaration is base Signature Date of Death	(Check box if decomposed statements) and to the bed on all information of which the bed of the bed	h the preparer has knowledge ceased)
T	e declare under the penalties of perjury I belief, it is true, correct, and complete. Gaxpayer's Signature (Company of the company of the co	that I/we have example that I/we e	mined this return (erson other than the eased) axpayer's Phoof 06-615-9 gia Department of	including accompan he taxpayer(s), this of Spouse's S Spouse's ne Number	ving schedules areclaration is base Signature Date of Death ically notify me a	(Check box if decomposed statements) and to the bed on all information of which the bed of the bed	n the preparer has knowledge cased) ceased) regarding any updates to ze DOR to discuss this return
_T	e declare under the penalties of perjury I belief, it is true, correct, and complete. Faxpayer's Signature (Company and the company of the c	that I/we have example that I/we exampl	mined this return (erson other than the eased) axpayer's Phoof 06-615-9 gia Department of	including accompan he taxpayer(s), this of Spouse's S Spouse's ne Number	Prepara	(Check box if decomposed statements) and to the bed on all information of which (Check box if decomposed statements) and to the bed of the bed	n the preparer has knowledge cased) ceased) regarding any updates to ze DOR to discuss this return

REV 01/29/24 PRO

P02082703