

# Dos and Don'ts Checklist for the Individual/Fiduciary (525-TV) Payment Voucher

Payments can be made electronically on the Georgia Tax Center (GTC) [gtc.dor.ga.gov/](http://gtc.dor.ga.gov/) .

## Do:

- Use a payment voucher with a valid scanline.
- Only complete this voucher if you owe taxes.
- Complete the voucher in its entirety.
- Write your SSN or FEIN on your check or money order.
- Make your check or money order payable to: Georgia Department of Revenue
- Remember if the due date falls on a weekend or holiday, the tax shall be due on the next day that is not a weekend or holiday.
- Mail your voucher and payment to the address listed below if your return was filed electronically.

**Processing Center  
Georgia Department of Revenue  
PO Box 740323  
Atlanta, Georgia 30374-0323**


- Mail your return, payment voucher and payment to the address that appears on the return if filing a paper return.

## Do not:

- Mail this entire page.
- Staple your payment and voucher together.
- Print on both sides of the paper.
- Handwrite any information.

Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

----- Cut along dotted line -----

|   |  |   |
|---|--|---|
| <b>525-TV</b> (Rev. 06/05/23)<br>Individual and Fiduciary Payment Voucher                               | <br>2452511513 | Individual or Fiduciary Name and Address:<br>SANTHOSH KUMAR REDDY SOLIPURA<br>3920 PRESTON POINTE WAY<br>CUMMING GA 30041 |
| <b>2023</b>   |  |   |
| <input type="checkbox"/> Amended Return   | <input type="checkbox"/> Paper Return  | <input checked="" type="checkbox"/> Electronically Filed  |
| TYPE OF RETURN: <input checked="" type="checkbox"/> 09-Individual <input type="checkbox"/> 10-Fiduciary |  |   |
| Taxpayer's SSN or Fiduciary FEIN<br>081-75-8768   | Spouse's SSN (if joint or combined return)<br>754-12-1973  | Tax Year<br>2023  |
| Daytime Telephone Number  |  | Vendor Code<br>115  |

PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.

PROCESSING CENTER  
GEORGIA DEPARTMENT OF REVENUE  
PO BOX 740323  
ATLANTA GA 30374-0323

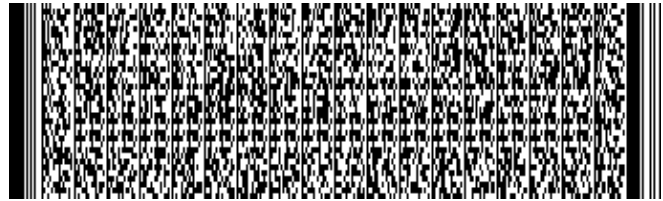
**Amount Paid \$** 478.00

52500081758768623092120000000000000011500000478004

REV 01/29/24 PRO



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

060019942

YOUR FIRST NAME  
1. SANTHOSH KUMAR R

MI YOUR SOCIAL SECURITY NUMBER  
081-75-8768

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

SUFFIX

SPOUSE'S FIRST NAME  
NITEESHA

MI SPOUSE'S SOCIAL SECURITY NUMBER  
754-12-1973

LAST NAME  
NIMMA

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. 3920 PRESTON POINTE WAY

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

STATE ZIP CODE  
GA 30041

(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. B

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 X 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

REV 01/29/24 PRO



2400411525

YOUR SOCIAL SECURITY NUMBER  
 081-75-8768

**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.   | 240392 |
| <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.  | 240392 |
| 11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION).....   | 11a. | 7100   |
| <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. | 7100   |
| <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.  | 233292 |



2400411535

YOUR SOCIAL SECURITY NUMBER  
081-75-8768

|  |      |        |
|--|------|--------|
| 14a. Enter the number from Line 6c. <b>2</b> 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. | 225892 |
| 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. | 225892 |
| 16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet) .....  | 16.  | 12754  |
| 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. <b>Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed 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.  | 12754  |

**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 |  | <input checked="" type="checkbox"/> W-2  | G2-A  | G2-LP |  | <input checked="" type="checkbox"/> 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) <input checked="" type="checkbox"/> SSN |       |       |  | 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input checked="" type="checkbox"/> SSN |       |       |  |
| 922578553  |       |       |  | 204895317  |       |       |  | 410215170  |       |       |  |
| 3. EMPLOYER/PAYER STATE WITHHOLDING ID   |       |       |  | 3. EMPLOYER/PAYER STATE WITHHOLDING ID   |       |       |  | 3. EMPLOYER/PAYER STATE WITHHOLDING ID   |       |       |  |
| 3562822ZK  |       |       |  | 3065717ZV  |       |       |  | 7442461RX  |       |       |  |
| 4. GA WAGES / INCOME   |       |       |  | 4. GA WAGES / INCOME   |       |       |  | 4. GA WAGES / INCOME   |       |       |  |
| 146424   |       |       |  | 84706  |       |       |  | 5882   |       |       |  |
| 5. GA TAX WITHHELD   |       |       |  | 5. GA TAX WITHHELD   |       |       |  | 5. GA TAX WITHHELD   |       |       |  |
| 7745   |       |       |  | 4336   |       |       |  | 195  |       |       |  |

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.  
**All Pages (1-5) are required for processing**



**YOUR SOCIAL SECURITY NUMBER**  
 081-75-8768

**Page 4**

| <b>(INCOME STATEMENT D)</b>                         |   |       | <b>(INCOME STATEMENT E)</b>                         |       |       | <b>(INCOME STATEMENT F)</b>                         |       |       |
|---|---|-------|---|-------|-------|---|-------|-------|
| 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.   | <b>Georgia Income Tax Withheld on Wages and 1099s</b> .....                           | 23.   |   |       |       |   |       | 12276 |
|   | (Enter Tax Withheld Only and include W-2s and/or 1099s)                               |       |   |       |       |   |       |       |
| 24.   | <b>Other Georgia Income Tax Withheld</b> .....  | 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.   |   |       |       |   |       | 12276 |
| 28.   | If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter balance due.....  | 28.   |   |       |       |   |       | 478   |
| 29.   | If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter overpayment ..... | 29.   |   |       |       |   |       |       |
| 30.   | <b>Amount to be credited to 2024 ESTIMATED TAX</b> .....                              | 30.   |   |       |       |   |       |       |
| 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)   |       |   |       |       |   |       |       |



2400411555

**YOUR SOCIAL SECURITY NUMBER**  
081-75-8768

- 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)..... 40.
- 41. Form 500 UET (Estimated tax penalty) 500 UET exception attached..... 41.
- 42. Penalty: Late Payment and/or Late Filing..... 42.
- 43. Interest ..... 43.
- 44. (If you owe) Add Lines 28, 31 through 43 ..... 44. 478  
**MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE,**  
**Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER,**  
**PO BOX 740399 ATLANTA, GA 30374-0399**

- 45. (If you are due a refund) Subtract the sum of Lines 30 thru 43 from Line 29  
**THIS IS YOUR REFUND**..... 45.  
**Refund Due Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER,**  
**PO BOX 740380 ATLANTA, GA 30374-0380**

**If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.**

45a. Direct Deposit (U.S. Accounts Only)      Type: Checking      Savings

|                |  |                |
|----------------|--|----------------|
| Routing Number |  | Account Number |
|----------------|--|----------------|

**Mail pages 1-5 and any applicable schedules, forms, documentation. DO NOT staple pages.**

I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge.

|                      |                         |                    |                         |
|----------------------|-------------------------|--------------------|-------------------------|
| Taxpayer's Signature | (Check box if deceased) | Spouse's Signature | (Check box if deceased) |
|----------------------|-------------------------|--------------------|-------------------------|

|                          |                        |
|--------------------------|------------------------|
| Taxpayer's Date of Death | Spouse's Date of Death |
|--------------------------|------------------------|

|                           |                         |                         |
|---------------------------|-------------------------|-------------------------|
| Taxpayer's Signature Date | Taxpayer's Phone Number | Spouse's Signature Date |
|---------------------------|-------------------------|-------------------------|

By providing my e-mail address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Taxpayer's E-mail Address

I authorize DOR to discuss this return with the named preparer.

VENKATA SAI PAVAN KUMAR DUDIPALLI

Signature of Preparer  
Name of Preparer Other Than Taxpayer  
VENKATA SAI PAVAN KUMAR D

Preparer's Phone Number  
678-965-9522

Preparer's FEIN  
88-2145487

Preparer's Firm Name  
GLOBAL TAXES LLC

Preparer's SSN/PTIN/SIDN  
P02470833