



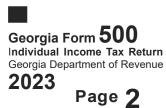
Georgia Form 500 (Rev. 08/30/23) Individual Income Tax Return

Individual Income Tax Return Georgia Department of Revenue

2023 (Approved software version)

Page 1

Fiscal Year Beginning	STATE GA ISSUED		
Fiscal Year Ending	YOUR DRIVER'S LICENSE/STATE ID	070771792	
YOUR FIRST NAME 1. RAVI TEJA		MI YOUR SOCIAL SECURITY NUMBER 855-75-9645	
LAST NAME (For Name Change See IT-5 [.] VAITLA	11 Tax Booklet)	SUFFIX	
SPOUSE'S FIRST NAME		MI SPOUSE'S SOCIAL SECURITY NUMBER	DEPARTMENT USE ONLY
LAST NAME		SUFFIX	
ADDRESS (NUMBER AND STREET or P.O. BO) 2. 455 14TH STREET NW	K) (Use 2nd address lir	ne for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED	
APT NO 309			
CITY (Please insert a space if the city has mult 3. ATLANTA	iple names)	STATE ZIP CODE GA 30318	
(COUNTRY IF FOREIGN)			
4. Enter your Residency Status with the ap	propriate number	·	Residency Status 4. 1
1. FULL- YEAR RESIDENT 2. PART- YEAR RESI	DENT	то	3. NONRESIDENT
Omit Lines 9 thru 14 and use Fo	orm 500 Schedu	lle 3 if you are a part-year or nonresident filer.	Filing Status
5. Enter Filing Status with appropriate le	tter (See IT-511	Tax Booklet)	Filing Status 5 . A
A. Single B. Married filing joint C. Married filing se	eparate (Spouse's soci	ial security number must be entered above) D. Head of Household or Qu	ualifying Surviving Spouse
6. Number of exemptions (Check appro	priate box(es) and	d enter total in 6c.) 6a. Yourself $ imes$ 6b. Spouse	6c. 1
7a. Number of Qualified Dependents*	7b. Number	of Unborn Dependents 7 c. Total Number of De	ependents
*Enter details on Line 7d., and DO NO	OT include yourself	f, spouse and/or your unborn dependents. See IT-511 Tax I	Booklet.





YOUR SOCIAL SECURITY NUMBER 855-75-9645

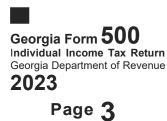
 7d. Qualified Dependents. (If you have more than 4 dependents, attach a list of additional dependents).

 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
First Name, MI.	Last Name
Social Security Number	Relationship to You
If amount on line 8, 9, 10, 13 or 15 is negative, use the n	ninus sign (-). Example -3456.

 Federal adjusted gross income (From Federal Form 1040)	59561 s than your
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.	59561
11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION) 11a. (See IT-511 Tax Booklet)	5400
b. Self: 65 or over? Blind? Total x 1,300= 11b.	
Spouse: 65 or over? Blind?	
 c. Total Standard Deduction (Line 11a + Line 11b) Use EITHER Line 11c OR Line 12c (Do not write on both lines) 	5400
12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must include	Federal Schedule A.
a. Federal Itemized Deductions (Schedule A- Form 1040) 12a.	
b. Less adjustments: (See IT-511 Tax Booklet) 12b.	
c. Georgia Total Itemized Deductions	
13. Subtract either Line 11c or Line 12c from Line 10; enter balance 13.	54161





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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)	15a.	51461
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.	51461
16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet)	16.	2787
17. Low Income Credit 17a. 17b.	17c.	
18. Other State(s) Tax Credit (Include a copy of the other state(s) return)	18.	
19. Credits used from IND-CR Summary Worksheet	19.	
20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be file electronically)	d 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.	2787

INCOME STATEMENT DETAILS Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12** or **13**; **Form G2-LP Line 11**, or for **Form G2-FL enter zero**.

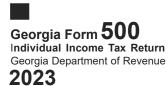
	(INCOME STATEMENT A)	(INCOME STATEMENT B)	(INCOME STATEMENT C)
1. 2.	WITHHOLDING TYPE: X W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) X SSN	1. WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	1. WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN
3.	320450613 EMPLOYER/PAYER STATE WITHHOLDING ID 3210651FN	3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID
4.	GA WAGES / INCOME 61994	4. GA WAGES / INCOME	4. GA WAGES / INCOME
5.	GA TAX WITHHELD 3137	5. GA TAX WITHHELD	5. GA TAX WITHHELD

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

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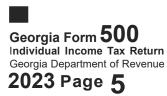


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1. 2.	(INCOME STATEMENT D) WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	1. 2.	(INCOME STATEMENT E) WITHHOLDING TYPE: W-2 G2-A 1099 G2-FL EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	G2-LP G2-RP	1. 2.	(INCOME STATEMENT F) WITHHOLDING TYPE: W-2 G2-A 1099 G2-FL EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	G2-LP G2-RP
3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3.	EMPLOYER/PAYER STATE WI	THHOLDING ID	3.	EMPLOYER/PAYER STATE WI	THHOLDING 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 (Enter Tax Withheld Only and include W-2s			23.			3137
24.	Other Georgia Income Tax Withheld (Must include G2-A, G2-FL, G2-LP and/or G	32-R	P)	24.			
25.	Estimated Tax paid for 2023 and Form IT			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.			3137
28.	If Line 22 exceeds Line 27, subtract Line balance due			28.			
29.	If Line 27 exceeds Line 22, subtract Line 2 overpayment			. 29.			350
30.	Amount to be credited to 2024 ESTIMA	TED) 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	ift of less than \$1.00)	32.			
33.	Georgia Cancer Research Fund (No gift	ofle	ess than \$1.00)	33.			
34.	Georgia Land Conservation Program (No	o gifl	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 l	ess	than \$1.00)	36.			
37.	Saving the Cure Fund (No gift of less th	an \$	51.00)	37.			
38.	Realizing Educational Achievement Can Hap (No gift of less than \$1.00)	-		38.			
		ne	s (1-5) are requi	rad for n	roc	assina	





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39. Public Safety Memorial Grant (No	gift of less than \$1.00).			
40. Disabled Veterans' Scholarship Fu	ind (No gift of less than	\$1.00) 40.		
41. Form 500 UET (Estimated tax pe	nalty) 500 UET excep	otion attached 41.		
12. Penalty: Late Payment and/or Late	Filing			
I3. Interest				
14. (If you owe) Add Lines 28, 31 t MAKE CHECK PAYABLE TO GEC Mail To: GEORGIA DEPARTMENT PO BOX 740399 ATLANTA, GA 30	RGIA DEPARTMENT OF OF REVENUE PROCES	REVENUE,		
 (If you are due a refund) Subtract th THIS IS YOUR REFUND Refund Due Mail To: GEORGIA DEF PO BOX 740380 ATLANTA, GA 3033 	PARTMENT OF REVENUE			350
If you do not enter Direct Depos		are a first time filer you wi	ill be issued a paper check.	
	pe: Checking X Savings		• •	
Routing	Ū.	Account		
<u>Number 061092387</u> Mail pages 1-5 and any app	licable cohodulos, for	Number 761665		
/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/or	
and belief, it is true, correct, and complete. If pr	epared by a person other than	the taxpayer(s), this declaration is ba	ased on all information of which the prepar	er has knowledge
Taxpayer's Signature (Check	<pre>< box if deceased)</pre>	Spouse's Signature	(Check box if deceased)	
Taxpayer's Date of Death		Spouse's Date of Dea	th	
Taxpayer's Signature Date	Taxpayer's Pho 470-263-		Spouse's Signature Date	
By providing my e-mail address I am authori my account(s). Taxpayer's E-mail Address	zing the Georgia Department c	of Revenue to electronically notify me	e at the below e-mail address regarding a	ny updates to
			I authorize DOR to di with the named prepa	
			arer's Phone Number	
<u>SYAM PRIYA RAM SAGAR GU</u>		Prepa		
Signature of Preparer	PTA	Prepa 678	-965-9522	
Name of Preparer Other Than Taxp		678	-965-9522	
	ayer	678	-965-9522	
SYAM PRIYA RAM SAGA	ayer	678	-965-9522	

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

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