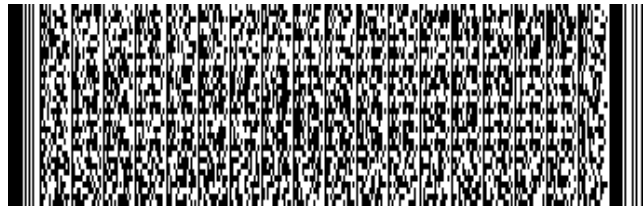


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# Georgia Form 500 (Rev. 08/30/23)

Individual Income Tax Return

Georgia Department of Revenue

**2023** (Approved software version)

## Page 1

Fiscal Year  
Beginning

STATE CT  
ISSUED

Fiscal Year  
Ending

YOUR DRIVER'S  
LICENSE/STATE ID

229937688

YOUR FIRST NAME

MI

YOUR SOCIAL SECURITY NUMBER

1. SAI HEMANTH VARM

849-54-2061

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

SUFFIX

CHALLA

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. 1919 WINDCLIFF DR SE

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

STATE

ZIP CODE

3. MARIETTA

GA

30067

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number ..... 4. 2

Residency Status

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT 07/01/2023 TO 12/31/2023 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  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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**YOUR SOCIAL SECURITY NUMBER**  
 849-54-2061

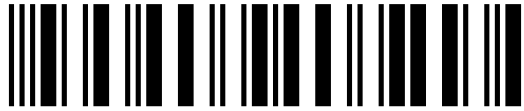
**7d. Qualified Dependents. (If you have more than 4 dependents, attach a list of additional dependents).**

<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.	4516
<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.	
11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION).....	11a.	
<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.	
<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, 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.....	12c.	
13. Subtract either Line 11c or Line 12c from Line 10; enter balance.....	13.	



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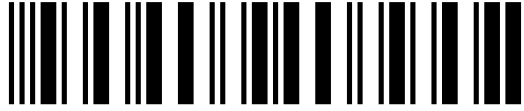
**YOUR SOCIAL SECURITY NUMBER**  
 849-54-2061

14a. Enter the number from Line 6c. Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.	
14b. Enter the number from Line 7c. Multiply by \$3,000.....	14b.	
14c. Add Lines 14a. and 14b. Enter total .....	14c.	
15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14).....	15a.	-1600
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.	-1600
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. <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.	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			
472292085											
3. EMPLOYER/PAYER STATE WITHHOLDING ID				3. EMPLOYER/PAYER STATE WITHHOLDING ID				3. EMPLOYER/PAYER STATE WITHHOLDING ID			
3278869PY											
4. GA WAGES / INCOME				4. GA WAGES / INCOME				4. GA WAGES / INCOME			
2016											
5. GA TAX WITHHELD				5. GA TAX WITHHELD				5. GA TAX WITHHELD			
76											

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



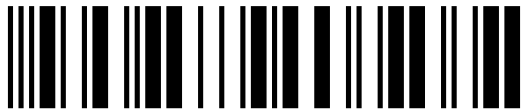
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**YOUR SOCIAL SECURITY NUMBER**  
 849-54-2061

**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			2. EMPLOYER/PAYER FEDERAL			2. EMPLOYER/PAYER FEDERAL		
ID NUMBER (FEIN)	SSN		ID NUMBER (FEIN)	SSN		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.							76
(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.							76
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.							76
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)								





2407411515

YOUR SOCIAL SECURITY NUMBER

849-54-2061

**DO NOT USE LINES 9 THRU 14 OF PAGES 2 AND 3 FORM 500 or 500X**

**SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS.**

Column A must equal Column B plus Column C.

See IT-511 Tax Booklet for other state(s) tax credits.

FEDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A)	INCOME NOT TAXABLE TO GEORGIA (COLUMN B)	GEORGIA INCOME (COLUMN C)
1. WAGES, SALARIES, TIPS, etc 4516	1. WAGES, SALARIES, TIPS, etc 2500	1. WAGES, SALARIES, TIPS, etc 2016
2. INTEREST AND DIVIDENDS	2. INTEREST AND DIVIDENDS	2. INTEREST AND DIVIDENDS
3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)
4. OTHER INCOME OR (LOSS)	4. OTHER INCOME OR (LOSS) 0	4. OTHER INCOME OR (LOSS) 0
5. TOTAL INCOME: TOTAL LINES 1 THRU 4 4516	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 2500	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 2016
6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040
7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1
8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 4516	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 2500	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 2016
9. RATIO: Divide Line 8, Column C by Line 8, Column A enter percentage or check the box for Time Ratio. (% cannot be negative and cannot exceed 100%)	9.	44.64 %
10a. Itemized or Standard Deduction <input checked="" type="checkbox"/> or Georgia Itemized (See IT-511 Tax Booklet)	10a.	5400
10b. Additional Standard Deduction Self: 65 or over? Blind? Spouse: 65 or over? Blind? Total X 1,300=	10b.	
11. Personal Exemptions from Form 500 or Form 500X (See IT-511 Tax Booklet)		
11a. Enter the number on Line 6c from Form 500 or Form 500X <u>1</u> multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C.....	11a.	2700
11b. Enter the number on Line 7c from Form 500 or Form 500X multiply by \$3,000 ..	11b.	
12. Total Deductions and Exemptions: Add Lines 10a, 10b, 11a, and 11b .....	12.	8100
13. *Multiply Line 12 by Ratio on Line 9 and enter result.....	13.	3616
14. Income before GA NOL: Subtract Line 13 from Line 8, Column C Enter here and on Line 15a, Page 3 of Form 500 or Form 500X.....	14.	-1600