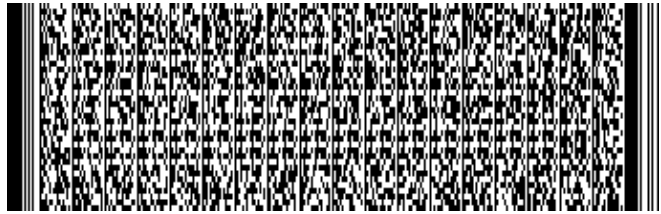




2300411514



Georgia Form **500** (Rev. 06/22/22)  
Individual Income Tax Return  
Georgia Department of Revenue  
**2022** (Approved software version)

Page **1**

Fiscal Year  
Beginning

STATE GA  
ISSUED

Fiscal Year  
Ending

YOUR DRIVER'S  
LICENSE/STATE ID

060721602

**YOUR FIRST NAME**  
1. SUMANTH KRISHNA

**MI**      **YOUR SOCIAL SECURITY NUMBER**  
701-47-5754

**LAST NAME (For Name Change See IT-511 Tax Booklet)**  
SIBYALA NAGA SATYA

**SUFFIX**

**SPOUSE'S FIRST NAME**  
NAGAMANI

**MI**      **SPOUSE'S SOCIAL SECURITY NUMBER**  
096-47-7505

**LAST NAME**  
SURADENUPURA LINGAPP

**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. 741 CARMES DR

**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     6b. Spouse     6c. 2

7a. Number of Dependents (Enter details on Line 7b., and DO NOT include yourself or your spouse)..... **7a. 1**

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

<b>First Name, MI.</b> SIDHVIK N	<b>Last Name</b> SIBYALA NAGA SATYA
<b>Social Security Number</b> 271-19-2310	<b>Relationship to You</b> SON

<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.	186188
<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.	186188
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.	179088



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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 7a. <b>1</b> Multiply by \$3,000.....	14b.	3000	
14c. Add Lines 14a. and 14b. Enter total .....	14c.	10400	
15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14).....	15a.	168688	
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.	168688	
16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet) .....	16.	9465	
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.	180	
<b>20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)</b>	<b>20.</b>		
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16 .....	21.	180	
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero .....	22.	9285	

**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)			
<b>1. WITHHOLDING TYPE:</b>				<b>1. WITHHOLDING TYPE:</b>				<b>1. WITHHOLDING TYPE:</b>			
<input checked="" type="checkbox"/> W-2	G2-A	G2-LP		<input checked="" type="checkbox"/> W-2	G2-A	G2-LP		<input type="checkbox"/> W-2	G2-A	G2-LP	
1099	G2-FL	G2-RP		1099	G2-FL	G2-RP		1099	G2-FL	G2-RP	
<b>2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input checked="" type="checkbox"/> SSN</b>				<b>2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input checked="" type="checkbox"/> SSN</b>				<b>2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN</b>			
274744084				580401110							
<b>3. EMPLOYER/PAYER STATE WITHHOLDING ID</b>				<b>3. EMPLOYER/PAYER STATE WITHHOLDING ID</b>				<b>3. EMPLOYER/PAYER STATE WITHHOLDING ID</b>			
3106957JU				3772138OU							
<b>4. GA WAGES / INCOME</b>				<b>4. GA WAGES / INCOME</b>				<b>4. GA WAGES / INCOME</b>			
86084				100104							
<b>5. GA TAX WITHHELD</b>				<b>5. GA TAX WITHHELD</b>				<b>5. GA TAX WITHHELD</b>			
4467				5403							

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

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<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.						9870
	(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 2022 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.						9870
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.						585
30.	<b>Amount to be credited to 2023 ESTIMATED TAX</b> .....	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)							



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- 39. Public Safety Memorial Grant (No gift of less than \$1.00)..... 39.
- 40. Form 500 UET (Estimated tax penalty) 500 UET exception attached 40.
- 41. Penalty: Late Payment and/or Late Filing..... 41.
- 42. Interest ..... 42.
- 43. (If you owe) Add Lines 28, 31 thru 42 ..... 43.  
**MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE,  
Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER,  
PO BOX 740399 ATLANTA, GA 30374-0399**

44. (If you are due a refund) Subtract the sum of Lines 30 thru 42 from Line 29  
**THIS IS YOUR REFUND..... 44. 585**  
**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.**

44a. Direct Deposit (U.S. Accounts Only) Type: Checking  Savings  
Routing Number 061092387 Account Number 208728870

**Mail pages 1-5 and any applicable schedules, forms, and 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 408-430-6565 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.

SYAM PRIYA RAM SAGAR GUPTA TALLAM  
Signature of Preparer  
Name of Preparer Other Than Taxpayer  
SYAM PRIYA RAM SAGAR GUPT

Preparer's Phone Number  
678-965-9522  
Preparer's FEIN  
84-3171965

Preparer's Firm Name  
GLOBAL TAXES LLC

Preparer's SSN/PTIN/SIDN  
P02082703



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YOUR SOCIAL SECURITY NUMBER

**– Include with Form 500 or 500X, if this schedule is applicable. –**

**Child and Dependent Care Expense Credit - Tax Credit 202**

O.C.G.A. § 48-7-29.10 provides taxpayers with a credit for qualified child & dependent care expenses. The credit is a percentage of the credit claimed and allowed under Internal Revenue Code § 21 and claimed by the taxpayer on the taxpayer's Federal income tax return. This credit cannot be carried forward. The credit is computed as follows:

1. Amount of child & dependent care expense <u>credit</u> claimed on Federal Form 1040.	1.	600
2. Georgia allowable rate .....	2.	30%
3. Allowable Child & Dependent Care Expense Credit (Line 1 x .30).....	3.	180
4. Credit used this tax year (enter here and include on IND-CR Summary Worksheet Line 2).....	4.	180