





Georgia Form 500 (Rev. 08/30/23) Individual Income Tax Return Georgia Department of Revenue 2023 (Approved software version)

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Beginning STATE **ISSUED** YOUR DRIVER'S Fiscal Year LICENSE/STATE ID Ending YOUR FIRST NAME YOUR SOCIAL SECURITY NUMBER 1. GOWTAMY REDDY 885-41-7557 LAST NAME (For Name Change See IT-511 Tax Booklet) SUFFIX **GODHALA** 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** 2.4590 SHILOH SPRINGS ROAD ZIP CODE CITY (Please insert a space if the city has multiple names) STATE 3. CUMMING 30040 GA (COUNTRY IF FOREIGN) 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. 5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)...... 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 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.

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

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۲	rirst Name, Mi.	Last Name		
	Social Security Number	Relationship to You		
F	First Name, MI.	Last Name		
	Social Security Number	Relationship to You		
F	First Name, MI.	Last Name		
	Social Security Number	Relationship to You		
F	irst Name, MI.	Last Name		
	Social Security Number	Relationship to You		
	NCOME COMPUTATIONS mount on line 8, 9, 10, 13 or 15 is negative, use	the minus sign (-). Examp	le -3456.	
8.	Federal adjusted gross income (From Federal For (Do not use FEDERAL TAXABLE INCOME) If the W-2s you must include a copy of your Federal Fo	amount on Line 8 is \$40,000	or more, or your gros	1745 income is less than your
9.	Adjustments from Form 500 Schedule 1 (See IT-5	511 Tax Booklet)	9.	
10.	Georgia adjusted gross income (Net total of Line 8	8 and Line 9)	10.	1745
11.	Standard Deduction (Do not use FEDERAL STAN (See IT-511 Tax Booklet)	DARD DEDUCTION)	11a.	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 o		11c.	5400
12.	Total Itemized Deductions used in computing Federa	•	temized deductions, yc	ou must include Federal Schedule A
	a. Federal Itemized Deductions (Schedule A- For	m 1040)	12a.	
	b. Less adjustments: (See IT-511 Tax Booklet)		12b.	
	c. Georgia Total Itemized Deductions		12c.	

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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)15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information).		-6355
15c. Georgia Taxable Income (Line 15a less Line 15b)	15c.	-6355
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)	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.	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:		WITHHOLDING TYPE:		
	X 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) X SSN	2.	. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN		EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN		
	580965786						
3.	EMPLOYER/PAYER STATE WITHHOLDING ID 5651984PZ	3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3.	EMPLOYER/PAYER STATE WITHHOLDING ID		
4.	GA WAGES / INCOME 1745	4.	GA WAGES / INCOME	4.	GA WAGES / INCOME		
5.	GA TAX WITHHELD	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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	(INCOME STATEMENT D)		(INCOME STATEMENT E)				(INCOME STATEMENT F)		
1.	WITHHOLDING TYPE: W-2 G2-A G2-LP	1.	WITHHOLDING W-2	G2-A	G2-LP	1.	WITHHOLDING T W-2	G2-A	G2-LP
2.	1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	2.	1099 EMPLOYER/PA' ID NUMBER (FE		G2-RP AL SN	2.	1099 EMPLOYER/PAY ID NUMBER (FEI		
3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3.	EMPLOYER/PA	YER STATE	WITHHOLDING II	D 3.	EMPLOYER/PA	YER STATE V	VITHHOLDING I
4.	GA WAGES / INCOME	4.	GA WAGES / IN	COME		4.	GA WAGES / IN	COME	
5.	GA TAX WITHHELD	5.	GA TAX WITHH	ELD		5.	GA TAX WITHHI	ELD	
23.	Georgia Income Tax Withheld on Wage (Enter Tax Withheld Only and include W-2s				23.				6
24.	Other Georgia Income Tax Withheld (Must include G2-A, G2-FL, G2-LP and/or				24.				
25.	Estimated Tax paid for 2023 and Form I				25.				
26.	Schedule 2B Refundable Tax Credits (Cannot be claimed unless filed electron				26.				
27.	Total prepayment credits (Add Lines 23,	24, 2	5 and 26)		27.				6
28.	If Line 22 exceeds Line 27, subtract Line balance due				28.				
29.	If Line 27 exceeds Line 22, subtract Line overpayment				29.				6
30.	Amount to be credited to 2024 ESTIMA	ATE	TAX		30.				0
31.	Georgia Wildlife Conservation Fund (No	gift	of less than \$1	.00)	31.				
32.	Georgia Fund for Children and Elderly (No g	ift of less than	\$1.00)	32.				
33.	Georgia Cancer Research Fund (No gif	t of le	ess than \$1.00)	33.				
34.	Georgia Land Conservation Program (N	o 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 the	han \$	1.00)		37.				
38.	Realizing Educational Achievement Can Ha (No gift of less than \$1.00)	ppen	(REACH) Progra	am	38.				





 $\begin{array}{l} \textbf{YOUR SOCIAL SECURITY NUMBER} \\ 885-41-7557 \end{array}$

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39.	Public Safety Memorial Grant (No gift of I	ess 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 attache	d 41.		
42.	Penalty: Late Payment and/or Late Filing		42.		
43.	Interest		43.		
44.	(If you owe) Add Lines 28, 31 through AMAKE CHECK PAYABLE TO GEORGIA DI Mail To: GEORGIA DEPARTMENT OF REVPO BOX 740399 ATLANTA, GA 30374-039	EPARTMENT OF REVENUE, /ENUE PROCESSING CENTE			
45.	(If you are due a refund) Subtract the sum o	f Lines 30 thru 43 from Line 29			
	THIS IS YOUR REFUND		45.		6
	Refund Due Mail To: GEORGIA DEPARTME	NT OF REVENUE PROCESSI	NG CENTER,		
	PO BOX 740380 ATLANTA, GA 30374-0380 If you do not enter Direct Deposit inforr	mation or if you are a first	ime filer you will	he issued a naner check	
	Direct Deposit (U.S. Accounts Only) Type: Checki		inie mei you wiii	be issued a paper check.	
+Ja	. , , , , , , , , , , , , , , , , , , ,		count		
	Routing Number 061092387		count Imber 5399660	96	
_ Ta	axpayer's Signature (Check box if d	leceased) Spous	e's Signature	(Check box if deceased)	
-	Taxpayer's Date of Death	Spou	se's Date of Death	1	
	Taxpayer's Signature Date	Taxpayer's Phone Number 470-403-8635		Spouse's Signature Date	
	By providing my e-mail address I am authorizing the Gny account(s).	eorgia Department of Revenue to e	lectronically notify me a	at the below e-mail address regarding an	y updates to
	Гахрауег's E-mail Address				
				I authorize DOR to disc with the named prepar	
	<u>VENKATA SAI PAVAN KUMAR DUDI</u>	PALLI_		er's Phone Number 965-9522	
- 1	Signature of Preparer Name of Preparer Other Than Taxpayer VENKATA SAI PAVAN KUMAR	D		er's FEIN 145487	
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