
Please detach here.

REV 02/01/24 PRO

Ohio Universal Payment Coupon (OUPC)

Tax Year 02 08 24
2024

Individual Income Tax 440

ID Type 01 **Coupon Type** 55

AZEEM MOHAMMED ABDUL
950 HARBINS RD, 432
LILBURN GA 30047



Using UPPERCASE letters,
print the first three letters of
the taxpayer's last name.

▼
MOH

Note: Pay online at tax.ohio.gov/pay
Make payment payable to: Ohio Treasurer of State
Mail to: Ohio Department of Taxation,
P.O. Box 182131, Columbus, OH 43218-2131

98

Taxpayer's SSN
320 43 7028

Amount of Payment → \$

161.00

440 8 01 8 000003204370281224 1 55 4 0000 0 222

Please detach here.

REV 02/01/24 PRO

Ohio Universal Payment Coupon (OUPC)

Tax Year 02 08 24
2024

Individual Income Tax 440

ID Type 01 **Coupon Type** 55

AZEEM MOHAMMED ABDUL
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98

Taxpayer's SSN
320 43 7028

Amount of Payment → \$

161.00

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Please detach here.

REV 02/01/24 PRO

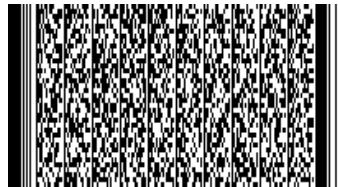
Ohio Universal Payment Coupon (OUPC)

Tax Year 02 08 24
2024

Individual Income Tax 440

ID Type 01 **Coupon Type** 55

AZEEM MOHAMMED ABDUL
950 HARBINS RD, 432
LILBURN GA 30047



Using UPPERCASE letters,
print the first three letters of
the taxpayer's last name.

▼
MOH

Note: Pay online at tax.ohio.gov/pay
Make payment payable to: Ohio Treasurer of State
Mail to: Ohio Department of Taxation,
P.O. Box 182131, Columbus, OH 43218-2131

98

Taxpayer's SSN
320 43 7028

Amount of Payment → \$

161.00

440 8 01 8 000003204370281224 1 55 4 0000 0 222

Please detach here.

REV 02/01/24 PRO

Ohio Universal Payment Coupon (OUPC)

Tax Year 02 08 24
2024

Individual Income Tax 440

ID Type 01 **Coupon Type** 55

AZEEM MOHAMMED ABDUL
950 HARBINS RD, 432
LILBURN GA 30047



Using UPPERCASE letters,
print the first three letters of
the taxpayer's last name.

▼
MOH

Note: Pay online at tax.ohio.gov/pay
Make payment payable to: Ohio Treasurer of State
Mail to: Ohio Department of Taxation,
P.O. Box 182131, Columbus, OH 43218-2131

98

Taxpayer's SSN
320 43 7028

Amount of Payment → \$

161.00

440 8 01 8 000003204370281224 1 55 4 0000 0 222

Please detach here.

REV 02/01/24 PRO

Ohio Universal Payment Coupon (OUPC)

Tax Year 02 08 24
2023

Individual Income Tax 440

ID Type 01 **Coupon Type** 54

AZEEM MOHAMMED ABDUL
950 HARBINS RD APT 432
LILBURN GA 30047



Using UPPERCASE letters,
print the first three letters of
the taxpayer's last name.

▼
MOH

Note: Pay online at tax.ohio.gov/pay
Make payment payable to: Ohio Treasurer of State
Mail to: Ohio Department of Taxation,
P.O. Box 182131, Columbus, OH 43218-2131

98

Taxpayer's SSN
320 43 7028

Amount of Payment → \$

667.00

440 8 01 8 000003204370281223 3 54 7 0000 0 222



02 08 24

Use only black ink/UPPERCASE letters. Use whole dollars only.

23000198 Sequence No. 1

AMENDED RETURN - Check here and include Ohio IT RE.

NOL CARRYBACK - Check here and include Schedule IT NOL.

Primary taxpayer's SSN (required) 320 43 7028

✓ If deceased

Spouse's SSN (if filing jointly)

✓ If deceased

School district # 7686

First name AZEEM

M.I. Last name MOHAMMED ABDUL

Spouse's first name (if filing jointly)

M.I. Last name

Address line 1 (number and street) or P.O. Box 950 HARBINS RD

Address line 2 (apartment number, suite number, etc.) APT 432

City LILBURN

State ZIP code GA 30047

Ohio county (first four letters) ADAM

Foreign country (if the mailing address is outside the U.S.)

Foreign postal code

Residency Status - Check only one for primary *Indicate state

X Resident Part-year resident* Nonresident*

Check only one for spouse (if filing jointly) *Indicate state

Resident Part-year resident* Nonresident*

Filing Status - Check one (as reported on federal income tax return)

X Single, head of household or qualifying surviving spouse

Married filing jointly

Spouse's SSN

Married filing separately

Ohio Nonresident Statement - See instructions for required criteria

Primary meets the five criteria for irrefutable presumption as nonresident.

Spouse meets the five criteria for irrefutable presumption as nonresident.

Federal extension filers - check here.

If someone can claim you (or your spouse if filing jointly) as a dependent, check here.

Do not staple or paper clip.

Table with 2 columns: Description and Amount. Row 1: 1. Federal adjusted gross income... 40580. Row 2: 2a. Additions... 2a. Row 3: 2b. Deductions... 2b. Row 4: 3. Ohio adjusted gross income... 40580. Row 5: 4. Exemption amount... 2150. Row 6: 5. Ohio income tax base... 38430. Row 7: 6. Taxable business income... 6. Row 8: 7. Taxable nonbusiness income... 38430.



MM-DD-YY

2023 Ohio IT 1040
Individual Income Tax Return



SSN: 320 43 7028

23000298 Sequence No. 2

Table with 2 columns: Line number and Amount. Rows include 7a through 26g, covering tax liability, payments, and refund calculations.

27. REFUND (line 24 minus lines 25 and 26g).....YOUR REFUND ▶ 27.

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

Primary signature, Spouse's signature, Preparer's printed name (VENKATA SAI PAVAN KUMAR), and PTIN (P 02470833).

If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.

NO Payment Included - Mail to: Ohio Department of Taxation, P.O. Box 2679, Columbus, OH 43270-2679. Payment Included - Mail to: Ohio Department of Taxation, P.O. Box 2057, Columbus, OH 43270-2057.



Many of these credits **must** be calculated using a worksheet and/or be supported by additional required documentation. See the instructions for worksheets and information on supporting documentation.

Nonrefundable Credits

1. Tax liability before credits (from Ohio IT 1040, line 8c)	1.	701
2. Retirement income credit (include 1099-R forms)	2.	
3. Lump sum retirement credit (include a copy of the worksheet and 1099-R forms)	3.	
4. Senior citizen credit (must be 65 or older to claim this credit)	4.	
5. Lump sum distribution credit (include a copy of the worksheet and 1099-R forms)	5.	
6. Child care & dependent care credit (include a copy of the worksheet)	6.	
7. Displaced worker training credit (include a copy of the worksheet and all required documentation)	7.	
8. Campaign contribution credit for Ohio statewide office or General Assembly	8.	0
9. Exemption credit	9.	0
10. Total (add lines 2 through 9)	10.	0
11. Tax less credits (line 1 minus line 10; if negative, enter zero)	11.	701
12. Joint filing credit (see instructions for table). % times line 11, up to \$650	12.	0
13. Earned income credit	13.	
14. Home school expenses credit (include copies of all required documentation)	14.	
15. Scholarship donation credit (include copies of all required documentation)	15.	
16. Nonchartered, nonpublic school tuition credit (include copies of all required documentation)	16.	
17. Credit for work-based learning experiences (include a copy of the credit certificate)	17.	
18. Ohio adoption credit carryforward	18.	
19. Nonrefundable job retention credit (include a copy of the credit certificate)	19.	
20. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate)	20.	
21. Credit for the beginning farmers financial management program (include a copy of the credit certificate)	21.	
22. Welcome Home Ohio credit (include a copy of the credit certificate)	22.	
23. Credit for sale/rental of agricultural assets to beginning farmers (include a copy of the credit certificate)	23.	



2023 Ohio Schedule of Credits

Primary taxpayer's SSN

320 43 7028



23280298

Sequence No. 8

24. Grape production credit	24.	
25. InvestOhio credit (include a copy of the credit certificate)	25.	
26. Lead abatement credit (include a copy of the credit certificate)	26.	
27. Opportunity zone investment credit (include a copy of the credit certificate)	27.	
28. Technology investment credit carryforward (include a copy of the credit certificate)	28.	
29. Enterprise zone day care & training credits (include a copy of the credit certificate)	29.	
30. Research & development credit (include a copy of the credit certificate)	30.	
31. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate)	31.	
32. Ohio low-income housing credit (include a copy of the credit certificate)	32.	
33. Affordable single-family housing credit (include a copy of the credit certificate)	33.	
34. Total (add lines 12 through 33)	34.	0
35. Tax less additional credits (line 11 minus line 34; if negative, enter zero)	35.	701
<u>Residency Credits</u>		
36. Nonresident credit – Ohio IT NRC, line 20 (include a copy)	36.	
37. Resident credit – Ohio IT RC, line 7 (include a copy)	37.	58
38. Total nonrefundable credits (add lines 10, 34, 36 and 37; enter here and on Ohio IT 1040, line 9)	38.	58

Refundable Credits

39. Refundable Ohio historic preservation credit (include a copy of the credit certificate)	39.	
40. Refundable job creation credit & job retention credit (include a copy of the credit certificate)	40.	
41. Pass-through entity credit (include a copy of all Ohio IT K-1s)	41.	
42. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate)	42.	
43. Venture capital credit (include a copy of the credit certificate)	43.	
44. Total refundable credits (add lines 39 through 43; enter here and on Ohio IT 1040, line 16)	44.	



2023 IT RC
Ohio Resident Credit Calculation
 Use black ink only. Use whole dollars only.
 Primary taxpayer's SSN



23380198

320 43 7028

This form is for individuals who were subjected to individual income tax by another state or the District of Columbia while a resident of Ohio. Full-year nonresidents are not entitled to this credit and should not use this form. Include a copy when filing your Ohio IT 1040.

List any income taxed and any taxes paid to each state and/or the District of Columbia. Do not include income earned or received in states without an income tax. Only income included in your Ohio adjusted gross income is eligible for this credit. **Important:** Do not list any income in Column A if you do not have tax paid in Column B. Do not list a tax paid in Column B if you do not have income taxed in Column A.

(A) Income Taxed		(B) Tax Paid		(A) Income Taxed		(B) Tax Paid		(A) Income Taxed		(B) Tax Paid	
AL				KS				NH			
AR				KY				NJ			
AZ				LA				NM			
CA				MA				NY			
CO				MD				OK			
CT				ME				OR			
DC				MI				PA			
DE				MN				RI			
GA	3640		58	MO				SC			
HI				MS				UT			
IA				MT				VA			
ID				NC				VT			
IL				ND				WI			
IN				NE				WV			

1. Sum of all Column A amounts	1.	3640
2. Sum of all Column B amounts	2.	58
3. Ohio adjusted gross income (from Ohio IT 1040, line 3)	3.	40580
4. Divide line 1 by line 3. Carry to four digits without rounding. If greater than 1, enter 1	4.	0.0896
5. Ohio Schedule of Credits, line 35 minus Ohio Schedule of Credits, line 36. If negative, enter zero	5.	701
6. Multiply line 4 by line 5	6.	63
7. Ohio Resident Credit. Enter the lesser of line 2 or line 6. Enter here and on the Ohio Schedule of Credits, line 37	7.	58





10211411

2023 Ohio IT/SD 2210
Interest Penalty on Underpayment of Ohio Individual Income,
School District Income and Pass-Through Entity Tax

Include with your 2023 Ohio tax return.

Use UPPERCASE letters.

Complete this section if you are filing Ohio IT 1040 or SD 100.

Primary taxpayer's SSN (required)

Spouse's SSN (if filing jointly)

3 2 0 4 3 7 0 2 8

[Empty SSN box]

First name

M.I. Last name

A Z E E M

[Empty M.I. box]

M O H A M M E D A B D U L

Spouse's first name (if filing jointly)

M.I. Last name

[Empty spouse first name box]

[Empty spouse M.I. box]

[Empty spouse last name box]

Complete this section if you are filing Ohio IT 4708, IT 1140, IT 4738, IT 1041, or SD 100E.

FEIN

Decedent's SSN (estates)

[Empty FEIN box]

[Empty Decedent's SSN box]

Name of pass-through entity, trust or estate

[Empty name box]

Additional line, if necessary, for name of pass-through entity, trust or estate

[Empty additional line box]

Total interest penalty due (from page 2, line 8 or page 3, line 6).....

2 4 . 0 0

Include pages 1 and 2 when you file your Ohio IT 1040, SD 100, SD 100E, IT 1041 or IT 4708 tax return.

Include pages 1 and 3 when you file your Ohio IT 1140 or IT 4738 tax return.

REV 02/01/24 PRO

Federal Privacy Act Notice: Because we require you to provide us with a Social Security number, the Federal Privacy Act of 1974 requires us to inform you that providing us with your Social Security number is mandatory. Ohio Revised Code sections 5703.05, 5703.057 and 5747.08 authorize us to request this information. We need your Social Security number in order to administer this tax.



10211411

Taxpayer's name AZEEM MOHAMMED ABDUL Taxpayer's FEIN/SSN 320 43 7028

2023

Part I – Calculating the Required Annual Payment
When Filing the Ohio IT 1040, SD 100, SD 100E, IT 1041 or IT 4708

Use this form to calculate interest penalty on underpayment of taxes and to show the exceptions where no interest penalty is due. See page 4 for definitions and line references.

Check here if you engage in farming or fishing activities and refer to Ohio Administrative Code Rule 5703-7-04 for options.

1. 2023 Ohio income taxes paid (timely paid* 2023 estimated payments plus withholding plus 2022 credit carryforward) 00
2. 2023 Ohio income tax liability (total tax minus total credits) 643 00
3. 2022 Ohio income tax liability (total tax minus total credits) 00
4. Multiply line 2 by 90% (.90) 579 00
5a. Is line 1 greater than or equal to line 4? If yes, STOP, you have no interest penalty. If no, continue to line 5b. Yes No
5b. Did you timely file a 2022 Ohio income tax return? If yes, continue to line 5c. If no, skip to line 5d. Yes No
5c. Is line 1 greater than or equal to line 3? If yes, STOP, you have no interest penalty. If no, continue to line 5d. Yes No
5d. Is line 2 less any withholding \$500 or less? If yes, STOP, you have no interest penalty. If no, continue to line 6. Yes No
6. If you answered "Yes" on line 5b, enter the lesser of line 3 or line 4. If you answered "No", enter the amount from line 4. Then continue to Part II. 579 00

*Do not include any estimated payments that were made after their respective due date.

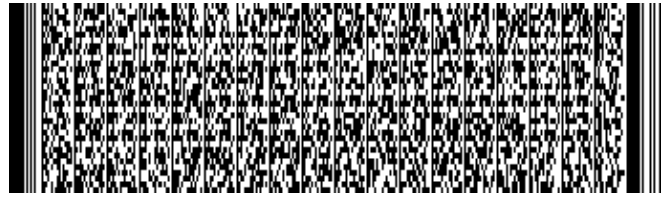
Part II – Calculating the Interest Penalty Due

Table with 4 columns: A (4/18/23 - 25%), B (6/15/23 - 50%), C (9/15/23 - 75%), D (1/16/24 - 100%). Rows include calculations for interest penalty due based on line 6 amounts and ratios.

Note: Payment due dates – the associated dates and the rates on line 6 are for calendar year taxpayers. Fiscal year taxpayers must adjust the payment due dates and the line 6 ratios accordingly.



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

071587088

YOUR FIRST NAME
1. AZEEM

MI YOUR SOCIAL SECURITY NUMBER
320-43-7028

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

SUFFIX

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. 950 HARBINS RD

APT NO 432

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

STATE ZIP CODE
GA 30047

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number 4. 3

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. 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 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.

All Pages (1-5) are required for processing

REV 01/09/24 PRO



2400411525

YOUR SOCIAL SECURITY NUMBER
 320-43-7028

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**

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. 40580
 (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.
- 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.
 (See IT-511 Tax Booklet)
 - 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.
 Use EITHER Line 11c OR Line 12c (Do not write on both lines)
- 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.



2400411535

YOUR SOCIAL SECURITY NUMBER
 320-43-7028

Page 3

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.	2913
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.	2913
16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet)	16.	58
17. Low Income Credit	17a.	17b.
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 filed electronically)	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.	58

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			
921599682											
3. EMPLOYER/PAYER STATE WITHHOLDING ID				3. EMPLOYER/PAYER STATE WITHHOLDING ID				3. EMPLOYER/PAYER STATE WITHHOLDING ID			
3597385RU											
4. GA WAGES / INCOME				4. GA WAGES / INCOME				4. GA WAGES / INCOME			
3640											
5. GA TAX WITHHELD				5. GA TAX WITHHELD				5. GA TAX WITHHELD			
169											

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



YOUR SOCIAL SECURITY NUMBER
 320-43-7028

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 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.	Georgia Income Tax Withheld on Wages and 1099s	23.						169
	(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.						169
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.						111
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)							

Georgia Form **500**
Individual Income Tax Return
Georgia Department of Revenue
2023 Page 5



2400411555

YOUR SOCIAL SECURITY NUMBER
320-43-7028

- 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.
**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. **111**
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 044000037 Account Number 719038363

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
513-953-5145

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

Preparer's Phone Number
678-965-9522

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

Preparer's FEIN
88-2145487

Preparer's Firm Name
GLOBAL TAXES LLC

Preparer's SSN/PTIN/SIDN
P02470833

All Pages (1-5) are required for processing



2407411515

YOUR SOCIAL SECURITY NUMBER

320-43-7028

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.

Table with 3 columns: FEDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A), INCOME NOT TAXABLE TO GEORGIA (COLUMN B), and GEORGIA INCOME (COLUMN C). Rows include WAGES, INTEREST, BUSINESS INCOME, OTHER INCOME, TOTAL INCOME, TOTAL ADJUSTMENTS, ADJUSTED GROSS INCOME, RATIO, Deductions (10a, 10b), and Exemptions (11a, 11b).

*If Georgia Itemized deductions are claimed, multiply Line 11 by Ratio on Line 9 and add Line 10a. Enter result on Line 13.