





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. THOUSEEF 759-96-7873 LAST NAME (For Name Change See IT-511 Tax Booklet) SUFFIX SHAIK 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. 2932 GREYHAWK LN **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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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	
		42204 income is less than your
9. Adjustments from Form 500 Schedule 1 (Se		
10. Georgia adjusted gross income (Net total of	f Line 8 and Line 9) 10.	42204
11. Standard Deduction (Do not use FEDERAL (See IT-511 Tax Booklet)	STANDARD 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 + Lin Use EITHER Line 11c OR Line 12c (Do not	ne 11b) 11c.	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)	
b. Less adjustments: (See IT-511 Tax Book	klet) 12b.	
c. Georgia Total Itemized Deductions	12c.	
13. Subtract either Line 11c or Line 12c from Li	ine 10; enter balance	36804

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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)	15a. 15b.	34104
15c. Georgia Taxable Income (Line 15a less Line 15b)	15c.	34104
16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet)	16.	1788
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.	1788

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:		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) ★ SSN		EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN		EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN		
	873209518						
3.	EMPLOYER/PAYER STATE WITHHOLDING ID 3549071YL	3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3.	EMPLOYER/PAYER STATE WITHHOLDING ID		
4.	GA WAGES / INCOME 44704	4.	GA WAGES / INCOME	4.	GA WAGES / INCOME		
5.	GA TAX WITHHELD 2329	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				EMENT E)			(INCOME STATEMENT F)			
1.	WITHHOLDING TYPE:			1.	WITHHOLDING	THHOLDING 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.	ID NUMBER (FEI			2.	EMPLOYER/PA' ID NUMBER (FE		AL SN	2.	ID NUMBER (FE		
3.	EMPLOYER/PAY	YER STATE W	ITHHOLDING ID	3.	EMPLOYER/PA	YER STATE	WITHHOLDING I	D 3.	EMPLOYER/PA	YER STATE V	WITHHOLDING I
4.	GA WAGES / INC	COME		4.	GA WAGES / IN	ICOME		4.	GA WAGES / IN	COME	
5.	GA TAX WITHHE	ELD		5.	GA TAX WITHH	ELD		5.	GA TAX WITHH	ELD	
23.	Georgia Incon (Enter Tax Wit		nheld on Wage and include W-2s				23.				2329
24.	Other Georgi (Must include		ax Withheld , G2-LP and/or (24.				
25.	Estimated Ta	x paid for 20)23 and Form I	T-560)		25.				
26.	Schedule 2B F (Cannot be cl		Tax Creditsss filed electron				26.				
27.	Total prepaym	ent credits (Add Lines 23,	24, 2	5 and 26)		27.				2329
28.	If Line 22 exc balance due		7, subtract Line				····· 28.				
29.	If Line 27 exc overpayment		2, subtract Line				29.				541
30.	Amount to be	e credited t	o 2024 ESTIMA	ATED	TAX		30.				0
31.	Georgia Wildl	life Conserv	ation Fund (No	gift	of less than \$1	.00)	31.				
32.	Georgia Fund	d for Childre	n and Elderly (No gi	ft of less than	\$1.00)	32.				
33.	Georgia Can	cer Researd	h Fund (No gif i	t of le	ss than \$1.00)	33.				
34.	Georgia Land	l Conservati	on Program (N	o gift	of less than \$	1.00)	34.				
35.	Georgia Natio	onal Guard F	oundation (No	gift	of less than \$1	.00)	35.				
36.	Dog & Cat Ste	erilization F	und (No gift of	less	than \$1.00)		36.				
37.	Saving the Cu	ure Fund (N	o gift of less th	nan \$	1.00)		37.				
38.	Realizing Educ		vement Can Hap	open (REACH) Progra	am	38.				





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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 MAKE 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.		541
	Refund Due Mail To: GEORGIA DEPARTME PO BOX 740380 ATLANTA, GA 30374-0380	NT OF REVENUE PROCESSI	NG CENTE	R,	
	If you do not enter Direct Deposit inform	nation or if you are a first	time filer v	ou will he issued a naner check	
	Direct Deposit (U.S. Accounts Only) Type: Checki			ou viii so locada a paper circola.	
	Routing		count		
	Number 081000032 Mail pages 1-5 and any applicable	N	umber 355	013084302	
_ Ta	axpayer's Signature (Check box if c	leceased) Spous	e's Signatu	re (Check box if deceased)	
7	Γaxpayer's Date of Death	Spou	ise's Date o	of Death	
	Taxpayer's Signature Date	Taxpayer's Phone Number 816-937-0110		Spouse's Signature Date	
	By providing my e-mail address I am authorizing the G ny account(s).	eorgia Department of Revenue to e	electronically r	otify me at the below e-mail address regarding	any updates to
٦	Гахрауег's E-mail Address				
				I authorize DOR to with the named pre	
	VENKATA SAI PAVAN KUMAR DUDI	PALLI_		Preparer's Phone Number 678-965-9522	
I	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	