



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

Individual Income Tax Return Georgia Department of Revenue

2023 (Approved software version)

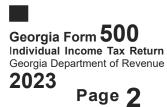
Page 1

Fiscal Year Beginning STATE ISSUED YOUR DRIVER'S Fiscal Year LICENSE/STATE ID Ending YOUR FIRST NAME YOUR SOCIAL SECURITY NUMBER МІ 1. PALLAVI 745-30-5115 LAST NAME (For Name Change See IT-511 Tax Booklet) SUFFIX GUTTA SPOUSE'S FIRST NAME SPOUSE'S SOCIAL SECURITY NUMBER МΙ 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 2.4078 HALESTON RD **ZIP CODE** CITY (Please insert a space if the city has multiple names) STATE 3. DULUTH 30097 GΑ (COUNTRY IF FOREIGN) Residency Status 4. Enter your Residency Status with the appropriate number 4. 1 1. FULL- YEAR RESIDENT 2. PART- YEAR RESIDENT то 3. NONRESIDENT Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer. Filing Status 5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... 5. A 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 7 c. 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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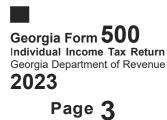
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7d. Qualified Dependents. (If you have more than 4 dependents, attach a list of additional dependents). First Name, MI. Last Name

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 m	iinus sign (-). Example -3456.
 Federal adjusted gross income (From Federal Form 104 (Do not use FEDERAL TAXABLE INCOME) If the amoun W-2s you must include a copy of your Federal Form 10 	t on Line 8 is \$40,000 or more, or your gross income is less than your
9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax	x Booklet)

10. Georgia adjusted gross income (Net total of Line 8 and Line 9)	. 10.	118981
11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION)	11a.	
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 on both lines)	11c.	
12. Total Itemized Deductions used in computing Federal Taxable Income. If you use item	mized deductions, you must include Fed	leral Schedule A.
a. Federal Itemized Deductions (Schedule A- Form 1040)	12a.	15720
b. Less adjustments: (See IT-511 Tax Booklet)	12b.	0
c. Georgia Total Itemized Deductions	12c.	15720
13. Subtract either Line 11c or Line 12c from Line 10: enter balance	13	103261

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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.	100561
15c. Georgia Taxable Income (Line 15a less Line 15b)	15c.	100561
16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet)	16.	5610
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.	5610

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**.

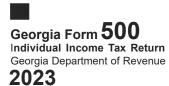
	(INCOME STATEMENT A)	(INCOME STATEMENT B)	(INCOME STATEMENT C)
1.		1. WITHHOLDING TYPE:	1. WITHHOLDING TYPE:
	X W-2 G2-A G2-LP 1099 G2-FL G2-RP	W-2 G2-A G2-LP 1099 G2-FL G2-RP	W-2 G2-A G2-LP 1099 G2-FL G2-RP
2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) X SSN 471727762	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN
3.	EMPLOYER/PAYER STATE WITHHOLDING ID 3160544YX	3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID
4.	GA WAGES / INCOME 117181	4. GA WAGES / INCOME	4. GA WAGES / INCOME
5.	GA TAX WITHHELD 6255	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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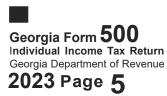
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1. 2.	(INCOME STATEMENT D) WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN		(INCOME STATEMENT E) WITHHOLDING TYPE: W-2 G2-A 1099 G2-FL EMPLOYER/PAYER FEDER ID NUMBER (FEIN) S	G	62-LP 62-RP	1. 2.	(INCOME STATEMENT F) WITHHOLDING TYPE: W-2 G2-A 1099 G2-FL EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	G2-LP G2-RP
3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3.	EMPLOYER/PAYER STATE	E WITH	IHOLDING ID	3.	EMPLOYER/PAYER STATE W	ITHHOLDING 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 (Enter Tax Withheld Only and include W-2s				23.			6255
24.	Other Georgia Income Tax Withheld (Must include G2-A, G2-FL, G2-LP and/or G				24.			
25.	Estimated Tax paid for 2023 and Form IT				25.			
26.	Schedule 2B Refundable Tax Credits (Cannot be claimed unless filed electroni				26.			
27.	Total prepayment credits (Add Lines 23, 2	24, 25	5 and 26)		27.			6255
28.	If Line 22 exceeds Line 27, subtract Line balance due				28.			
29.	If Line 27 exceeds Line 22, subtract Line 2 overpayment				29.			645
30.	Amount to be credited to 2024 ESTIMA	TED	ТАХ		30.			0
31.	Georgia Wildlife Conservation Fund (No	gift c	of less than \$1.00)		31.			
32.	Georgia Fund for Children and Elderly (N	No gi	ft of less than \$1.00)		32.			
33.	Georgia Cancer Research Fund (No gift	ofle	ess than \$1.00)		33.			
34.	Georgia Land Conservation Program (No	o gift	of less than \$1.00)		34.			
35.	Georgia National Guard Foundation (No	gift o	of less than \$1.00)		35.			
36.	Dog & Cat Sterilization Fund (No gift of l	ess t	than \$1.00)		36.			
37.	Saving the Cure Fund (No gift of less th	an \$	1.00)		37.			
38.	Realizing Educational Achievement Can Hap (No gift of less than \$1.00)		REACH) Program		38.			_

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39.	. Public Safety Memorial Gr	ant (No gift of less than \$1.00	0)	39.		
40.	Disabled Veterans' Scholar	ship Fund (No gift of less tha	n \$1.00)	40.		
41.	Form 500 UET (Estimated	t ax penalty) 500 UET exc	eption attached	41.		
42.	Penalty: Late Payment and	l/or Late Filing		42.		
43.	Interest			43.		
44.	MAKE CHECK PAYABLE	28, 31 through 43 FO GEORGIA DEPARTMENT C TMENT OF REVENUE PROCE , GA 30374-0399	OF REVENUE,	14.		
	THIS IS YOUR REFUND	btract the sum of Lines 30 thru 4 GIA DEPARTMENT OF REVEN GA 30374-0380				645
	If you do not enter Direct	Deposit information or if yo	ou are a first time fil	er you will	be issued a paper check.	
45a	Direct Deposit (U.S. Accounts Only)	Type: Checking 🗙 Saving	gs	-		
	Routing	·	Account			
	Number 071000013	ny applicable schedules, fo		<u>3708130</u>		
 Ta	axpayer's Signature	(Check box if deceased)	Spouse's Sig	nature	(Check box if deceased)	
-	Taxpayer's Date of Death		Spouse's Da	ate of Death	1	
	Taxpayer's Signature Date	Taxpayer's P 330-777			Spouse's Signature Date	
r	ny account(s).	n authorizing the Georgia Departmer	nt of Revenue to electronica	ally notify me a	t the below e-mail address regarding	any updates to
	Taxpayer's E-mail Address					
					I authorize DOR to c with the named prep	
	SYAM PRIYA RAM SAG	AR GUPTA TALLAM		Prepare 678-		
I	<u>SYAM PRIYA RAM SAG</u> Signature of Preparer Name of Preparer Other Tha SYAM PRIYA RAM	n Taxpayer		678- Prepare	with the named prep er's Phone Number	

Preparer's Firm Name GLOBAL TAXES LLC

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