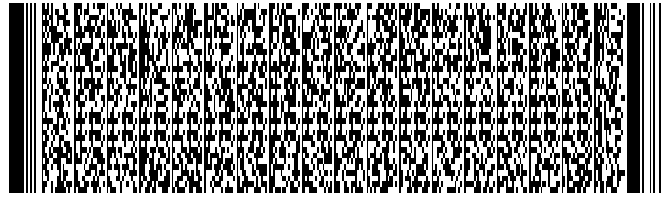






1900411519



Georgia Form **500** (Rev. 08/17/18)

Individual Income Tax Return

Georgia Department of Revenue

**2018** (Approved software version)

Page 1

Fiscal Year  
Beginning

Fiscal Year  
Ending

YOUR DRIVER'S LICENSE/STATE ID 060802585

STATE ISSUED GA

YOUR FIRST NAME MI YOUR SOCIAL SECURITY NUMBER  
1. SAIKIRAN 789-33-3492

LAST NAME (For Name Change See IT-511 Tax Booklet) SUFFIX  
GANDHAM

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. 6112 MADISON DRIVE

CITY (Please insert a space if the city has multiple names) STATE ZIP CODE  
3. ATLANTA GA 30346

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number ..... 4. 1

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT TO 3. NONRESIDENT

Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Form 500 Schedule 3.

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 Widow(er)

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself  6b. Spouse  6c. 1

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

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING



1900411529

YOUR SOCIAL SECURITY NUMBER  
 789-33-3492

7b. 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 -3,456.

8. Federal adjusted gross income (From Federal Form 1040).....	8.	73087
<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.	3538
10. Georgia adjusted gross income (Net total of Line 8 and Line 9).....	10.	76625
11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION).....	11a.	4600
<b>(See IT-511 Tax Booklet)</b>		
b. Self: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/> Total x 1,300=.....	11b.	
Spouse: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/>		
c. Total Standard Deduction (Line 11a + Line 11b).....	11c.	4600
<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.	72025



1900411539

**YOUR SOCIAL SECURITY NUMBER**  
 789-33-3492

14a. Enter the number from Line 6c. <b>1</b> 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 7a. Multiply by \$3,000.....	14b.	
14c. Add Lines 14a. and 14b. Enter total.....	14c.	2700
15. Georgia taxable income (Line 13 less Line 14c or Schedule 3, Line 14)	15.	69325
16. Tax (Use Tax Table in the IT-511 Tax Booklet).....	16.	3971
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. <b>Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)</b>	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.	3971

**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)**

1. WITHHOLDING TYPE:  
 W-2     G2-A     G2-LP  
 1099     G2-FL     G2-RP

2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)  SSN   
 822450870

3. EMPLOYER/PAYER STATE WITHHOLDING ID  
 3279274LS

4. GA WAGES / INCOME  
 11480

5. GA TAX WITHHELD  
 634

**(INCOME STATEMENT B)**

1. WITHHOLDING TYPE:  
 W-2     G2-A     G2-LP  
 1099     G2-FL     G2-RP

2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)  SSN   
 043512883

3. EMPLOYER/PAYER STATE WITHHOLDING ID  
 2178256DC

4. GA WAGES / INCOME  
 67835

5. GA TAX WITHHELD  
 3681

**(INCOME STATEMENT C)**

1. WITHHOLDING TYPE:  
 W-2     G2-A     G2-LP  
 1099     G2-FL     G2-RP

2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)  SSN

3. EMPLOYER/PAYER STATE WITHHOLDING ID

4. GA WAGES / INCOME

5. GA TAX WITHHELD

REV 02/25/19 PRO

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

**ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING**



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**YOUR SOCIAL SECURITY NUMBER**  
 789-33-3492

**(INCOME STATEMENT D)**

1. **WITHHOLDING TYPE:**  
 W-2    G2-A    G2-LP  
 1099    G2-FL    G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)**    **SSN**

**(INCOME STATEMENT E)**

1. **WITHHOLDING TYPE:**  
 W-2    G2-A    G2-LP  
 1099    G2-FL    G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)**    **SSN**

**(INCOME STATEMENT F)**

1. **WITHHOLDING TYPE:**  
 W-2    G2-A    G2-LP  
 1099    G2-FL    G2-RP
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.	4315
<small>(Enter Tax Withheld Only and include W-2s and/or 1099s)</small>		
24. <b>Other Georgia Income Tax Withheld</b> .....	24.	
<small>(Must include G2-A, G2-FL, G2-LP and/or G2-RP)</small>		
25. <b>Estimated Tax paid for 2018 and Form IT-560</b> .....	25.	
26. <b>Total prepayment credits (Add Lines 23, 24 and 25)</b> .....	26.	4315
27. <b>If Line 22 exceeds Line 26, subtract Line 26 from Line 22 and enter balance due</b> .....	27.	
28. <b>If Line 26 exceeds Line 22, subtract Line 22 from Line 26 and enter overpayment</b> .....	28.	344
29. <b>Amount to be credited to 2019 ESTIMATED TAX</b> .....	29.	0
30. <b>Georgia Wildlife Conservation Fund (No gift of less than \$1.00)</b> .....	30.	
31. <b>Georgia Fund for Children and Elderly (No gift of less than \$1.00)</b> .....	31.	
32. <b>Georgia Cancer Research Fund (No gift of less than \$1.00)</b> .....	32.	
33. <b>Georgia Land Conservation Program (No gift of less than \$1.00)</b> .....	33.	
34. <b>Georgia National Guard Foundation (No gift of less than \$1.00)</b> .....	34.	
35. <b>Dog &amp; Cat Sterilization Fund (No gift of less than \$1.00)</b> .....	35.	
36. <b>Saving the Cure Fund (No gift of less than \$1.00)</b> .....	36.	
37. <b>Realizing Educational Achievement Can Happen (REACH) Program</b> .....	37.	
<small>(No gift of less than \$1.00)</small>		
38. <b>Public Safety Memorial Grant (No gift of less than \$1.00)</b> .....	38.	

Georgia Form **500**  
Individual Income Tax Return  
Georgia Department of Revenue  
**2018**



1900411559

YOUR SOCIAL SECURITY NUMBER  
789-33-3492

Page 5

39. Form 500 UET (Estimated tax penalty)  500 UET exception attached 39.  
40. (If you owe) Add Lines 27, 30 thru 39  
MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE.. 40.

Amount Due Mail To:  
GEORGIA DEPARTMENT OF REVENUE  
PROCESSING CENTER, PO BOX 740399  
ATLANTA, GA 30374-0399

41. (If you are due a refund) Subtract the sum of Lines 29 thru 39 from Line 28  
THIS IS YOUR REFUND..... 41. 344

If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.

41a. Direct Deposit (U.S. Accounts Only)

Type: Checking   
Savings

Routing Number 061092387  
Account Number 238113671

Refund Due Mail To:  
GEORGIA DEPARTMENT OF REVENUE  
PROCESSING CENTER, PO BOX 740380  
ATLANTA, GA 30374-0380

INCLUDE ALL ITEMS IN ENVELOPE, DO NOT STAPLE YOUR CHECK, W-2s, OTHER WITHHOLDING DOCUMENTS, OR TAX RETURN.  
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. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

Taxpayer's Signature  (Check box if deceased)

Spouse's Signature  (Check box if deceased)

Date

Date

Taxpayer's Phone Number

I authorize DOR to discuss this return with the named preparer.

512-434-9662

By providing my email 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 Email Address

Preparer's Phone Number

REV 02/25/19 PRO

Signature of Preparer

Name of Preparer Other Than Taxpayer  
APPANA RUPA VENKATA SATYA

Preparer's FEIN

Preparer's Firm Name  
GLOBAL TAXES LLC

Preparer's SSN/PTIN/SIDN  
P02090332

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING



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**YOUR SOCIAL SECURITY NUMBER**  
789-33-3492

**SCHEDULE 1 ADJUSTMENTS to INCOME BASED on GEORGIA LAW** (See IT-511 Tax Booklet)

**ADDITIONS to INCOME**

1. Interest on Non-Georgia Municipal and State Bonds.....	1.	
2. Lump Sum Distributions.....	2.	
3. Federal deduction for income attributable to domestic production activities ..... (IRC Section 199)	3.	
4. Net operating loss carryover deducted on Federal return.....	4.	
5. Other (Specify) <b>DEPRECIATION ADJUSTMENT</b>	5.	3538
6. Total Additions (Enter sum of Lines 1-5 here).....	6.	3538

**SUBTRACTION from INCOME**

7. Retirement Income Exclusion (See IT-511 Tax Booklet) Complete Schedule 1, page 2 if claiming Retirement Income Exclusion.		
a. Self: Date of Birth	Date of Disability:	Type of Disability:
		7a.
b. Spouse: Date of Birth	Date of Disability:	Type of Disability:
		7b.
8. Social Security Benefits (Taxable portion from Federal return).....	8.	
9. Path2College 529 Plan .....	9.	
10. Interest on United States Obligations (See IT-511 Tax Booklet) .....	10.	
11. Georgia Net Operating loss carryover from previous years (List only the amount used in 2018, see IT-511 Tax Booklet ) .....	11.	
12. Other Adjustments (Specify)	Adjustment	Amount
	Adjustment	Amount
	Adjustment	Amount
	Adjustment	Amount
	Total.....	12.
13. Total Subtractions (Enter sum of Lines 7-12 here).....	13.	
14. Net Adjustments (Line 6 less Line 13). Enter Net Total here and on Line 9 of Page 2 (+ or -) of Form 500 or Form 500X.....	14.	3538



**YOUR SOCIAL SECURITY NUMBER**  
 789-33-3492

**SCHEDULE 1 RETIREMENT INCOME EXCLUSION**

(See IT-511 Tax Booklet)

(TAXPAYER)

(SPOUSE)

1. Salary and wages.....		
2. Other Earned Income (Losses).....		
3. Total Earned Income.....		
4. Maximum Earned Income.....	4000	4000
5. Smaller of Line 3 or 4; if zero or less, enter zero .....		
6. Interest Income.....		
7. Dividend Income .....		
8. Alimony.....		
9. Capital Gains (Losses).....		
10. Other Income (Losses)..... (See IT-511 Tax Booklet)		
11. Taxable IRA Distributions.....		
12. Taxable Pensions .....		
13. Rental, Royalty, Partnership, S Corp, etc. Income (Losses).....(See IT-511 Tax Booklet)		
14. Total of Lines 6 through 13; if zero or less, enter zero .....		
15. Add Lines 5 and 14 .....		
16. Maximum Allowable Exclusion* .....		
17. Smaller of Lines 15 and 16; enter here and on Form 500, Schedule 1, Lines 7A & B.....		

\*If age 62-64 or less than age 62 and permanently disabled enter \$35,000, or if age 65 or older enter \$65,000.



**Federal/State Adjustment Summary**

**2018**

Name as Shown on Return SAIKIRAN GANDHAM	Social Security Number 789-33-3492
---	---------------------------------------

<b>Schedule C</b>	<b>(A)</b> Fed Income/ Loss Before Passive and At-Risk Adj	<b>(B)</b> Depreciation Adjustment	<b>(C)</b> Other Adjustments	<b>(D)</b> State Inc/ Loss Before Passive and At-Risk Limit	<b>(E)</b> State Inc/ Loss After Passive and At-Risk Limit	<b>(F)</b> Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule C Depreciation Adjustment (Sum of Column E less Column F) . . . . . \_\_\_\_\_

<b>Schedule E</b>	<b>(A)</b> Fed Income/ Loss Before Passive and At-Risk Adj	<b>(B)</b> Depreciation Adjustment	<b>(C)</b> Other Adjustments	<b>(D)</b> State Inc/ Loss Before Passive and At-Risk Limit	<b>(E)</b> State Inc/ Loss After Passive and At-Risk Limit	<b>(F)</b> Federal Inc/ Loss After Passive and At-Risk Limit
MANCHERIAL	-6,228.	3,538.		-2,690.	-2,690.	-6,228.

Total Schedule E Depreciation Adjustment (Sum of Column E less Column F) . . . . . 3,538.

<b>Schedule F</b>	<b>(A)</b> Fed Income/ Loss Before Passive and At-Risk Adj	<b>(B)</b> Depreciation Adjustment	<b>(C)</b> Other Adjustments	<b>(D)</b> State Inc/ Loss Before Passive and At-Risk Limit	<b>(E)</b> State Inc/ Loss After Passive and At-Risk Limit	<b>(F)</b> Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule F Depreciation Adjustment (Sum of Column E less Column F) . . . . . \_\_\_\_\_

<b>Form 4835</b>	<b>(A)</b> Fed Income/ Loss Before Passive and At-Risk Adj	<b>(B)</b> Depreciation Adjustment	<b>(C)</b> Other Adjustments	<b>(D)</b> State Inc/ Loss Before Passive and At-Risk Limit	<b>(E)</b> State Inc/ Loss After Passive and At-Risk Limit	<b>(F)</b> Federal Inc/ Loss After Passive and At-Risk Limit

Total Form 4835 Depreciation Adjustment (Sum of Column E less Column F) . . . . . \_\_\_\_\_

**Federal/State Adjustment Summary**

**2018**

Name as Shown on Return SAIKIRAN GANDHAM	Social Security Number 789-33-3492
---	---------------------------------------

<b>Schedule K-1 Partnership</b>	<b>(A)</b> Fed Income/ Loss Before Passive and At-Risk Adj	<b>(B)</b> Depreciation Adjustment	<b>(C)</b> Other Adjustments	<b>(D)</b> State Inc/ Loss Before Passive and At-Risk Limit	<b>(E)</b> State Inc/ Loss After Passive and At-Risk Limit	<b>(F)</b> Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 Partnership Depreciation Adjustment (Sum of Column E less Column F) . . . \_\_\_\_\_

<b>Schedule K-1 S Corporation</b>	<b>(A)</b> Fed Income/ Loss Before Passive and At-Risk Adj	<b>(B)</b> Depreciation Adjustment	<b>(C)</b> Other Adjustments	<b>(D)</b> State Inc/ Loss Before Passive and At-Risk Limit	<b>(E)</b> State Inc/ Loss After Passive and At-Risk Limit	<b>(F)</b> Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 S Corporation Depreciation Adjustment (Sum of Col E less Col F) . . . . . \_\_\_\_\_

<b>Schedule K-1 Estates &amp; Trusts</b>	<b>(A)</b> Fed Income/ Loss Before Passive and At-Risk Adj	<b>(B)</b> Depreciation Adjustment	<b>(C)</b> Other Adjustments	<b>(D)</b> State Inc/ Loss Before Passive and At-Risk Limit	<b>(E)</b> State Inc/ Loss After Passive and At-Risk Limit	<b>(F)</b> Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 Estates & Trusts Depreciation Adjustment (Sum of Col E less Col F) . . . . . \_\_\_\_\_

<b>Form 2106</b>		<b>(C)</b> Depreciation Adjustment	<b>(D)</b> Other Adjustments	<b>(E)</b> Total Adjustment (Column C + Column D)

Total Form 2106 Depreciation Adjustment (Sum of Column E) . . . . . \_\_\_\_\_  
 Total Form 2106 Depreciation Adjustment to be Included in Adjusted Gross Income. . . . . \_\_\_\_\_  
 Total Form 2106 Schedule A Depreciation Adjustment **Not** Subject to 2% Limitation. . . . . \_\_\_\_\_  
 Total Form 2106 Schedule A Depreciation Adjustment Subject to 2% Limitation . . . . . \_\_\_\_\_

**Federal/State Adjustment Summary**

**2018**

Name as Shown on Return SAIKIRAN GANDHAM	Social Security Number 789-33-3492
---	---------------------------------------

<b>Schedule A</b>		<b>(C)</b> Depreciation Adjustment	<b>(D)</b> Other Adjustments	<b>(E)</b> Total Adjustment (Column C + Column D)
SCHEDULE A				

Total Schedule A Depreciation Adjustment (Sum of Column E) . . . . . \_\_\_\_\_

**Total Depreciation Adjustment**

Depreciation Adjustment Included in Adjusted Gross Income . . . . . 3,538.  
 Depreciation Adjustment Included in Schedule A **Not** Subject to 2% Limitation . . . . . \_\_\_\_\_  
 Depreciation Adjustment Included in Schedule A Subject to 2% Limitation . . . . . \_\_\_\_\_

**Asset Dispositions**

<b>(A)</b> Description of Asset Sold		<b>(B)</b> If reported on, Ck Box:		<b>(C)</b> Federal Gain/Loss	<b>(D)</b> Accumulated Depreciation		<b>(E)</b> Gain Adjustment		<b>(G)</b> Total Adjustment (Col D (1) - Col D (2) + Column E + Column F)
Date Acq	Date Sold	Form 6252	Form 8824		<b>(1)</b> State	<b>(2)</b> Federal	<b>(F)</b> Other Adjustments		
		6252	<input type="checkbox"/>						
		8824	<input type="checkbox"/>						
		6252	<input type="checkbox"/>						
		8824	<input type="checkbox"/>						
		6252	<input type="checkbox"/>						
		8824	<input type="checkbox"/>						
		6252	<input type="checkbox"/>						
		8824	<input type="checkbox"/>						

Passive/At-Risk/Other Adjustments . . . . . \_\_\_\_\_  
 Total Sale of Asset Adjustment . . . . . \_\_\_\_\_

**Part I – Personal Information**

**Taxpayer:**

First Name . . . . . SAKIRAN  
 Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Last Name . . . . . GANDHAM  
 Social Security No. . . . . 789-33-3492  
 Occupation . . . . . SOFTWARE ENGINEER  
 Date of Birth . . . . . 02/14/1994  
 Date of Death . . . . . \_\_\_\_\_  
 Daytime Phone . . . . . (512) 434-9662  
 Home Phone . . . . . \_\_\_\_\_  
 Print phone number on Form 500  Home

**Spouse:**

First Name . . . . . \_\_\_\_\_  
 Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Last Name . . . . . \_\_\_\_\_  
 Social Security No. . . . . \_\_\_\_\_  
 Occupation . . . . . \_\_\_\_\_  
 Date of Birth . . . . . \_\_\_\_\_  
 Date of Death . . . . . \_\_\_\_\_  
 Daytime Phone . . . . . \_\_\_\_\_  
 Taxpayer work  Spouse work

Street Address . . . . . 6112 MADISON DRIVE Apartment No. . . . . \_\_\_\_\_  
 City . . . . . ATLANTA State . . . . . GA ZIP Code . . . . . 30346  
 Country, if foreign . . . . . \_\_\_\_\_  
 Taxpayer email address SAKIRANGANDHAM41@GMAIL.COM

**Part II – Main Form**

- Form 500: Resident Tax Return (Long form) . . . . . ► \_\_\_\_\_
- Form 500: Nonresident Tax Return . . . . . ► \_\_\_\_\_
- Form 500: Part-Year Resident Tax Return . . . . . From \_\_\_\_\_ To \_\_\_\_\_
- Schedule 3: Enter Nonresident and Part-year resident allocations . . . . . ► \_\_\_\_\_

**Part III – Filing Status**

- Single
- Married filing joint return
- Married filing separate return
- Head of household
- Qualifying widow(er)

**Part IV – Other Information**

- The address above is different than last year
- Taxpayer authorizes the Georgia Department of Revenue to electronically notify them by the e-mail address above regarding any updates to their account(s).
- Taxpayer authorizes the Georgia Department of Revenue to discuss return with preparer

**Form 500 UET calculations (Underpayment of Estimated Tax Penalty):**

- You want the GA Dept of Revenue to figure the underpayment penalty Form 500 UET
- At least 2/3 of your total gross income is from fishing or farming
- Last year's Georgia return did not cover a twelve month period or show a tax liability

**Part V – Electronic Filing Information**

**New! State e-file disclosure consent:**

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's return to the Georgia Department of Revenue, as applicable by law.

- File the Georgia return electronically

**Electronic PDF Attachments**

PDF's that you have selected to attach to your state e-file return are listed below.

Description	Filename

**EF Status Dates:**

Enter the date return was EFiled . . . . . 02/15/2019  
 Enter the date return was accepted by the state . . . . . 02/15/2019  
 Enter the date Form 525-TV was given to client . . . . . \_\_\_\_\_

**QuickZoom** to Form GA-8453: Additional Information Smart Worksheet . . . . . ► \_\_\_\_\_

**Electronic Filing of Amended Return:**

- The amended return will be filed electronically
- Date amended return was EFiled . . . . . \_\_\_\_\_
- Date amended return was accepted by the state . . . . . \_\_\_\_\_

Part VI – Direct Deposit Information or Electronic Funds Withdrawal Information

\*\*Note: Georgia does not allow direct deposit of refunds for first time filers or taxpayers who have not filed a Georgia tax return within the last five years.

Yes No
[ ] [X] Is this your first time filing a Georgia income tax return?
\*\* Check "Yes" if you have not filed a Georgia tax return within the last five years.

Yes No
[X] [ ] Elect direct deposit of state tax refund
[ ] [ ] Use electronic funds withdrawal for state tax payments (EF Only)
[ ] [ ] Use electronic funds withdrawal for tax payments on the amended return? (EF Only)

Bank Information

If you selected direct deposit or electronic funds withdrawal, fill out the information below:

Name of Financial Institution (optional) . . . . . CHASE BANK
Account type . . . . . Checking [X] Savings [ ]
Routing number . . . . . 061092387
Account number. . . . . 238113671

Electronic funds withdrawal amount due with return information:

Payment date to withdraw from the account above . . . . .
State balance-due amount from this return . . . . .

Electronic funds withdrawal amount due with amended return information:

Payment date to withdraw from the account above . . . . .
State balance-due amount paid with this amended return . . . . .

International ACH Transactions

Yes No
[ ] [X] Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Note: If, for any reason, the scanning equipment at the Georgia Department of Revenue fails to read your direct deposit information (from the barcode on Form 500), you will receive a paper check instead. For refund information see https://dor.georgia.gov/wheres-my-refund.

Part VII – Paid Preparer Information

Enter Preparer Code from Firm/Preparer Info . . 1
QuickZoom to Firm/Preparer Info . . . . .

Part VIII – Extension Status

Yes No
[ ] [X] Tax return due date extended?
Extended due date . . .

QuickZoom to Form IT-303: Application for Extension of Time for Filing . . . . .
QuickZoom to Form IT-560: Extension Payment Voucher . . . . .

QuickZoom to Form 500: Income Tax Return (Long form) . . . . .

# Income and Retirement Worksheets

**2018**

▶ Keep for your records

Name <u>SAIKIRAN GANDHAM</u>	Social Security Number <u>789-33-3492</u>
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	Georgia Amounts		Other State Amounts	
	Column A Taxpayer	Column B Spouse	Column C Taxpayer	Column D Spouse
<b>Income</b>				
<b>1</b> Wages . . . . .	79,315.		0.	
<b>2</b> Federal Interest . . . . .				
- Georgia Adjustments to federal taxable Interest				
<b>3</b> Dividends . . . . .				
- Georgia Adjustments to federal taxable Dividends				
<b>4</b> Capital/other gains or (losses) . . . . .				
<b>5</b> Income from federal Schedules C and F . . . . .				
<b>6 a</b> Rental/K-1 etc. income . . . . .	-6,228.			
<b>b</b> - income above subject to FICA or S.E. tax, or S corp income in which you materially participated . . . . .				
<b>7 a</b> Pension/Annuity and IRA/SEP distributions . . . . .				
<b>b</b> Lump-sum distributions . . . . .				
<b>c</b> RRB-1099-R				
<b>d</b> Other Subtraction #2, withdrawals with GA/Fed tax difference				
<b>e</b> Other Subtraction #7, income exempt from state tax				
<b>f</b> Other Subtraction # 8, teachers retirement contributions already taxed by Georgia				
<b>8</b> Alimony received . . . . .				
<b>9</b> Social security . . . . .				
<b>10 a</b> State income tax refund . . . . .				
<b>b</b> Unemployment compensation . . . . .				
<b>11</b> Other income				
- Gambling winnings . . . . .				
- Home mortgage debt forgiveness relief				
- NOL Carryover				
- Other . . . . .				
Federal Form 8814 income included in other income . . . . .				
<b>Adjustments</b>				
<b>12</b> IRA deductions . . . . .				
<b>13</b> Educator expenses . . . . .				
<b>14</b> Reserved . . . . .				
<b>15</b> Other federal adjustments . . . . .				

## Activity Worksheet

**2018**

Name as Shown on Return <u>SAIKIRAN GANDHAM</u>	Social Security Number <u>789-33-3492</u>
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Activity Description . . . . . MANCHERIAL  
 Form or Worksheet Type. . . Sch E Copy number. . . 1

- A** If this activity was operated by spouse, check this box . . . . .
- B** If this activity was operated jointly by taxpayer and spouse, check this box . . . . .
- C** Check this box if you completely disposed of the property in the current year . . . . .
- D** Check this box if all investment is at risk (Not for K-1 Estates and Trusts) . . . . .
- E** Check this box if some of the investment is **not** at risk (Not for K-1 Estates and Trusts) . . . . .
- F** Did you materially participate in this activity? (Not for K-1's) . . . . . Yes  No
- G** Check this box if you actively participate in the operation of this activity (Not for Schedule C or Schedule F) . . . . .
- H** Check this box if rental property is subject to recharacterization rules (Sch E/Sch K-1 Ptrshp) . . . . .
- I** Check if rental real estate (or other rental) activity is a trade or business (Not for Schedule C or Schedule F) . . . . .

**If this is a Schedule E, check the appropriate boxes:**

- J** Rental property. . . . .  **L** Commercial property . . . . .
- K** Royalty property . . . . .  **M** Other passive exceptions . . . . .

**If this is a K-1, check the appropriate boxes:**

- N** This is a K-1 with ordinary income with material participation . . . . .
- O** This is a K-1 with rental real estate with material participation . . . . .
- P** This is a publicly traded partnership . . . . .
- Q** If this is a K-1 Estates and Trusts, check the box if this is a final K-1 . . . . .
- R** Check if "working interest" in oil or gas well (Schedule K-1 Partnership) . . . . .

**S** At-risk status . . . . . All  
**T** Passive status . . . . . Active RE

**Part I - Section 179 Adjustments**

(A) Federal Total Section 179 Before Limitation	(B) Federal Net Section 179 After Limitation	(C) State Current Year Expense	(D) State Carryover From Prior Year	(E) State Total Section 179 Before Limitation	(F) State Section 179 Allowed	(G) State Section 179 Carryover To Next Year

**Part II - Regular Income/Loss**

	Income/Loss
<b>1</b> Federal income/loss . . . . .	-6,228.
<b>2</b> Adjustments:	
<b>a</b> 30%/50% Special Depreciation Allowance (Bonus Depreciation) . . . . .	3,728.
<b>b</b> Other depreciation adjustment(s) . . . . .	-190.
<b>c</b> Section 179 adjustment . . . . .	
<b>d</b> Other adjustments . . . . .	
<b>3</b> Total . . . . .	-2,690.
<b>4</b> At-Risk adjustment. . . . . <b>a</b> Adjust amount . . . <b>b</b>	
<b>5</b> Total . . . . .	-2,690.
<b>6</b> Passive carryover loss . . . . .	
<b>7</b> Passive disallowed loss (carryover to next year) . . . . .	
<b>8</b> Net profit or (loss) allowed . . . . .	-2,690.
<b>9</b> Net federal profit or (loss) allowed . . . . .	-6,228.
<b>10</b> Federal/State adjustment . . . . .	3,538.

Activity Description . . . . . MANCHERIAL

<b>Part III - Schedule K-1 Partnership and S Corporations</b>	<b>Section 179 Expense</b>	<b>Misc Income</b>	<b>Commercial Revitalization</b>
1 Federal income/loss . . . . .			
2 Adjustments . . . . .			
3 Total . . . . .			
4 a At-Risk adjustment amount . . . . .			
b At-Risk adjustment . . . . .			
5 Total . . . . .			
6 Passive carryover loss . . . . .			
7 Passive disallowed loss (carryover to next year) . . . . .			
8 Net profit or (loss) allowed . . . . .			
9 Net federal profit or (loss) allowed . . . . .			
10 Federal/State adjustment . . . . .			

<b>Part IV - Dispositions</b>	<b>Schedule D Short-Term</b>	<b>Schedule D Long-Term</b>	<b>Form 4797 Short-Term</b>	<b>Form 4797 Long-Term</b>
1 Federal income/loss . . . . .				
2 Adjustments:				
a Adjustments transferred from the federal return . . . . .				
b Other adjustments . . . . .				
c Total adjustments . . . . .				
3 Total . . . . .				
4 a At-Risk adjustment amount . . . . .				
b At-Risk adjustment . . . . .				
5 Total . . . . .				
6 Passive carryover loss . . . . .				
7 Passive disallowed loss . . . . .				
8 Net profit or (loss) allowed . . . . .				
9 Net federal profit or (loss) allowed . . . . .				
10 Federal/State adjustment . . . . .				



# Tax Payments Worksheet

**2018**

▶ Keep for your records

Name SAIKIRAN GANDHAM	Social Security Number 789-33-3492
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## Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment . . . . .		
2	Second Payment . . . . .		
3	Third Payment . . . . .		
4	Fourth Payment . . . . .		
<b>Additional Payments</b>			
5	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
6	Overpayment from previous year applied to current year . . . . .	6	
7	Amount paid with current year extension . . . . .	7	
8	<b>Total tax payments</b> . . . . .	8	

## Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2 . . . . .	9	4,315.
10	State withholding on Forms W-2G . . . . .	10	
11	State withholding on Forms 1099-R . . . . .	11	
12 a	State withholding on Forms 1099-MISC . . . . .	12 a	
b	State withholding on Forms 1099-G . . . . .	b	
c	State withholding on Forms 1099-K . . . . .	c	
13	Other state tax withholding . . . . .	13	
14	<b>Total income tax withheld</b> . . . . .	14	4,315.
15	Date return will be filed and balance paid . . . . .	15	

# Smart Worksheets from your 2018 Georgia Tax Return

SMART WORKSHEET FOR: Form 8453: Declaration for Electronic Filing

Additional Information Smart Worksheet	
<b>A</b>	Date return was E-Filed . . . . . ▶ <u>02/15/2019</u>
<b>B</b>	Date return was accepted by the state . . . . . ▶ <u>02/15/2019</u>
<b>C</b>	Documents to attach to the FRONT of Form GA-8453: <u>Form W-2 (Georgia Copy)</u> _____ _____
<b>D</b>	Documents to attach to the BACK of Form GA-8453: _____ _____ _____
<b>E</b>	<b>Retain Form GA-8453 and all attachments for a period of three years DO NOT MAIL TO STATE AUTHORITIES</b>