ERO MUST RETAIN THIS FORM.

DO NOT SUBMIT THIS FORM TO GEORGIA DEPARTMENT OF REVENUE UNLESS REQUESTED TO DO SO.

IRS DCN OR SUBMISSION ID

5 4 0 8 9 3 4 6 6 4 9

GA-8453
2017

GEORGIA INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING
SUMMARY OF AGREEMENT BETWEEN TAXPAYER AND ERO OR PAID PREPARER

First Name and Initial	Last Name	Social Security Number
HASMUKHBHAI P	PATEL	813-63-0291
If Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number
NAYANABEN H	PATEL	739-21-2693

Home Address (number and street)	Apt Number	Daytime Telephone Number
119 OLD AIRPORT RD	160	318-542-2305
City, Town or Post Office	State	Zip Code
LAGRANGE	GA	30240

PART I **TAX RETURN INFORMATION**

1. Federal Adjusted Gross Income (Form 500 or Form 500X, Line 8; Form 500EZ, Line 1)	1.	86209
2. Georgia Taxable Income (Form 500 or Form 500X, Line 15; Form 500EZ, Line 3)	2.	69809
3. Net Georgia Tax (Form 500 or Form 500X, Line 22; Form 500EZ, Line 6)	3.	3931
4. Balance Due (Form 500, Line 40; Form 500X, Line 36; Form 500EZ, Line 20)	4.	389
5. Refund (Form 500, Line 41; Form 500X, Line 37; Form 500EZ, Line 21)	5.	

PART II **DECLARATION OF TAXPAYER(S)**

Under penalties of perjury, I declare that the information I have provided to my Electronic Return Originator (ERO) and/or Online Service Provider and/or Transmitter and the amounts shown in Part I agree with the amounts shown on the corresponding lines of the electronic portion of my 2017 Georgia Income Tax Return. I declare that I have examined my tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, my return is true, correct and complete. I consent that the electronic portion of my return may be sent by my ERO/Online Service Provider/Transmitter.

SIGN HERE ▶ Paul Patel — TAXPAYER'S SIGNATURE — 03-08-18 Date ▶ P Patel — SPOUSE'S SIGNATURE (If joint return, both must sign) — 03/08/2018 Date

HASMUKHBHAI P & NAYANABEN H PATEL — PRINT NAME

HASU.1309@GMAIL.COM — EMAIL ADDRESS

PART III **DECLARATION OF ELECTRONIC RETURNS ORIGINATOR AND PAID PREPARER**

I DECLARE THAT I HAVE REVIEWED THE ABOVE TAXPAYER'S RETURN AND THAT THE ENTRIES ON THE GA-8453 ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

ERO's Use Only

ERO's Signature		Date	03-08-18
Firm's Name	ADVANTAGE ONE TAX CONSULTING INC	Check also if paid preparer	X
Address	20610 QUARTERPATH TRACE CIRCLE	FEIN/PTIN	27-2340197
City, State, & Zip Code	STERLING VA 20165	SSN/TIN	P01702990

IF PREPARED BY ANY PERSON OTHER THAN THE TAXPAYER, THIS DECLARATION IS BASED ON ALL INFORMATION OF WHICH THE PREPARER HAS ANY KNOWLEDGE.

Paid Preparer's Use Only

Paid Preparer's Signature		Date	
Firm's Name		FID/TIN	
Address		SSN/TIN	
City, State, & Zip Code			

GA-8453 (REV 06/27/17)

KEEP A COPY WITH YOUR RECORDS