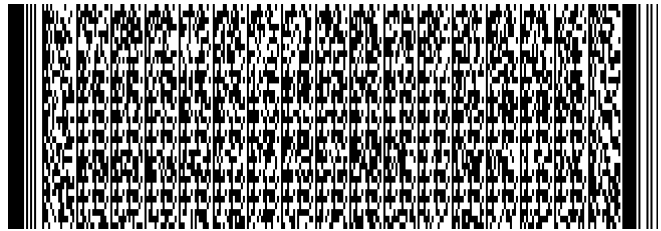




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Georgia Form **500** (Rev. 08/02/16) Page 1

Individual Income Tax Return  
Georgia Department of Revenue  
**2016** (Approved software version)

Fiscal Year Beginning 01-01-2016

Please check this box if you have attached more than three pages of Form 500 Schedule 2.

Fiscal Year Ending 12-31-2016

DRIVER'S LICENSE/STATE ID A586863

STATE ISSUED OR

YOUR FIRST NAME MI YOUR SOCIAL SECURITY NUMBER  
1. KARTHICK N 898-90-1743

LAST NAME SUFFIX Special Program Code  
CHANDRASEKARAN See IT-511 Tax Booklet  
00

SPOUSE'S FIRST NAME MI SPOUSE'S SOCIAL SECURITY NUMBER

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. 16320 SW ESTUARY DRIVE

APT NO 204

CITY (Please insert a space if the city has multiple names) STATE ZIP CODE  
3. BEAVERTON OR 97006

DEPARTMENT USE ONLY

500 UET Exception Attached

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number..... Residency Status 4. 2

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT 01-01-2016 TO 04-15-2016 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)..... Filing Status 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





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**YOUR SOCIAL SECURITY NUMBER**  
 898-90-1743

- 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 enclose 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.
- 14a. Number on 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. Number on Line 7a. multiply by \$3,000..... ▶ 14b.
- 14c. Add Lines 14a. and 14b. Enter total..... ▶ 14c.
- 15. Georgia taxable income (Line 13 less Line 14c or Schedule 3, Line 14) ▶ 15. 12789
- 16. Tax (Use Tax Table in the IT-511 Tax Booklet)..... ▶ 16. 575
- 17. Low Income Credit 17a. 17b. ..... ▶ 17c.
- 18. Other State(s) Tax Credit..... ▶ 18.
- 19. Credits used from IND-CR Summary Worksheet ..... ▶ 19.
- 20. Total Credits from Schedule 2 Georgia Tax Credits (Sum of all Schedule 2s). ▶ 20.
- 21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16 ..... ▶ 21.
- 22. Balance (Line 16 less Line 21) if zero or less than zero ..... ▶ 22. 575
- 23. **Georgia Income Tax Withheld on Wages and 1099s** ..... ▶ 23. 924  
 (Enter Tax Withheld Only and enclose W-2s and/or 1099s)
- 24. **Other Georgia Income Tax Withheld**..... ▶ 24.  
 (Must enclose G2-A, G2-FL, G2-LP and/or G2-RP)

**PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.**



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**YOUR SOCIAL SECURITY NUMBER**  
 898-90-1743

**INCOME STATEMENT DETAILS** Enter income reported 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-2s    G2-A    G2-LP  
 1099s    G2-FL    G2-RP
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)  SSN   
 208800905
3. EMPLOYER/PAYER STATE WITHHOLDING ID  
 2352026-P
4. GA WAGES / INCOME  
 16544
5. GA TAX WITHHELD  
 924

**(INCOME STATEMENT B)**

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

**(INCOME STATEMENT C)**

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

**(INCOME STATEMENT D)**

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

**(INCOME STATEMENT E)**

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

**(INCOME STATEMENT F)**

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

Please complete the Supplemental W-2 Income Statement if additional space is needed.

- |   |       |     |
|---|-------|-----|
| 25. Estimated tax for 2016 and Form IT-560 .....              | ▶ 25. |     |
| 26. Total prepayment credits (Add Lines 23, 24 and 25).....   | ▶ 26. | 924 |
| 27. If Line 22 exceeds Line 26 enter BALANCE DUE STATE .....  | ▶ 27. |     |
| 28. If Line 26 exceeds Line 22 enter OVERPAYMENT amount ..... | ▶ 28. | 349 |
| 29. Amount to be credited to 2017 ESTIMATED TAX .....         | ▶ 29. |     |



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YOUR SOCIAL SECURITY NUMBER  
898-90-1743

- 30. Georgia Wildlife Conservation Fund (No gift of less than \$1.00)..... ▶ 30.
- 31. Georgia Fund for Children and Elderly (No gift of less than \$1.00)..... ▶ 31.
- 32. Georgia Cancer Research Fund (No gift of less than \$1.00) ..... ▶ 32.
- 33. Georgia Land Conservation Program (No gift of less than \$1.00)..... ▶ 33.
- 34. Georgia National Guard Foundation (No gift of less than \$1.00) ..... ▶ 34.
- 35. Dog & Cat Sterilization Fund (No gift of less than \$1.00)..... ▶ 35.
- 36. Saving the Cure Fund (No gift of less than \$1.00)..... ▶ 36.
- 37. Realizing Educational Achievement Can Happen (REACH) Program ..... ▶ 37.  
(No gift of less than \$1.00)  
FOR DEPARTMENT USE ONLY..... ▶
- 38. Form 500 UET (Estimated tax penalty)..... ▶ 38.
- 39. (If you owe) Add Lines 27, 30 thru 38  
MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE.. ▶ 39.
- 40. (If you are due a refund) Subtract the sum of Lines 29 thru 38 from Line 28  
THIS IS YOUR REFUND..... ▶ 40.

349

40a. Direct Deposit (For U.S. Accounts Only) Type: Checking  Savings  Routing Number 061000052

Account Number 334027613207

You can help eliminate \$1 Million of processing costs by choosing Direct Deposit. If you do not enter Direct Deposit information, a paper check will be issued.

(PAYMENT) PROCESSING CENTER  
GEORGIA DEPARTMENT OF REVENUE  
PO BOX 740399  
ATLANTA, GA 30374-0399

(REFUND and NO BALANCE DUE) PROCESSING CENTER  
GEORGIA DEPARTMENT OF REVENUE  
PO BOX 740380  
ATLANTA, GA 30374-0380

ENCLOSE ALL ITEMS IN RETURN 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)

PHONE NUMBER

\_\_\_\_\_  
Spouse's Signature  (Check box if deceased)

DATE  
04-28-2017  
DATE

NAME OF PREPARER OTHER THAN TAXPAYER

Do you want to authorize DOR to discuss this return with the named preparer. Yes

PREPARER'S FIRM NAME

\_\_\_\_\_  
Signature of Preparer

PREPARER'S FEIN      PREPARER'S SSN/PTIN/SIDN      PHONE NUMBER

I authorize the Georgia Department of Revenue to electronically notify me at the below email address regarding any updates to my account(s).

TAXPAYER'S EMAIL ADDRESS



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**YOUR SOCIAL SECURITY NUMBER**  
 898-90-1743

**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.**

Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See IT-511 Tax Booklet.

FEDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A)	INCOME NOT TAXABLE TO GEORGIA (COLUMN B)	GEORGIA INCOME (COLUMN C)
1. WAGES, SALARIES, TIPS, etc 82314	1. WAGES, SALARIES, TIPS, etc 65770	1. WAGES, SALARIES, TIPS, etc 16544
2. INTERESTS AND DIVIDENDS	2. INTERESTS AND DIVIDENDS	2. INTERESTS AND DIVIDENDS
3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)
4. OTHER INCOME OR (LOSS) 738	4. OTHER INCOME OR (LOSS) 738	4. OTHER INCOME OR (LOSS)
5. TOTAL INCOME: TOTAL LINES 1 THRU 4 83052	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 66508	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 16544
6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040
7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1
8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 83052	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 66508	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 16544
9. RATIO: Divide Line 8, Column C by Line 8, Column A. Enter percentage.....▶	9.	19.92 % Not to exceed 100%
10a. Itemized <input checked="" type="checkbox"/> or Standard Deduction <input type="checkbox"/> (See IT-511 Tax Booklet).....▶	10a.	16150
10b. Additional Standard Deduction Self: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/> Spouse: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/> Total x 1,300=	10b.	
11. Personal Exemption from Form 500 (See IT-511 Tax Booklet)		
11a. Number on Line 6c. 1 multiply by \$2,700 for filing status A or D <b>OR</b> .....▶ from Form 500 or 500X multiply by \$3,700 for filing status B or C	11a.	2700
11b. Number on Line 7a. multiply by \$3,000.....▶ from Form 500 or 500X	11b.	
11c. Add Lines 11a. and 11b. Enter total.....▶	11c.	2700
12. Total Deductions and Exemptions: Add Lines 10a, 10b, and 11c.....▶	12.	18850
13. Multiply Line 12 by Ratio on Line 9 and enter result .....▶	13.	3755
14. Georgia Taxable Income: Subtract Line 13 from Line 8, Column C Enter here and on Line 15, Page 3 of Form 500 or Form 500X.....▶	14.	12789

List the state(s) in which the income in Column B was earned and/or to which it was reported.