PLEASE DO NOT MAIL!

ERO MUST RETAIN THIS FORM. DO NOT SUBMIT THIS FORM TO GEORGIA DEPARTMENT OF REVENUE

UNLESS REQUESTED TO DO SO.

IRS DCN (DR SUBMISSION ID					GA-8453 2017	
GEORGIA	A INDIVIDUAL INCOME TAX DECLAR	ATION FOR ELE	CTRONIC FILI	NG			
SUMMAF	RY OF AGREEMENT BETWEEN TAXP		OR PAID PRE	PARER			
First Name and Initial		Last Name		Social Security Number			
ANUSHA		KONCHADA		181-31-8586			
If Joint Return, Spouse's First Name and Initial		Spouse's Last Name			Spouse's Social Security Number		
Home Addi	ress (number and street)			Apt Number	Daytime	Telephone Number	
	TREE ST NE STE 1500	191			Daytime Telephone Number		
	or Post Office			State	ZIP Code		
ATLAN	ΨA	GA		- Santa			
GA					30303 ETURN INFORMATION		
	Idiusted Gross Income (Form 500 or Form 500)	Line 0: Farm 50057	17- 48	IAA NE	TORNI		
Federal Adjusted Gross Income (Form 500 or Form 500X, Line 8; Form 500EZ, Line 1) Georgia Tayable Income (Form 500 or Form 500X Line 15; Form 500EZ, Line 1)					1.	105,823	
2. Georgia Taxable Income (Form 500 or Form 500X, Line 15; Form 500EZ, Line 3)				2.	27,056		
3. Net Georgia Tax (Form 500 or Form 500X, Line 22; Form 500EZ, Line 6)				3.	1,433		
4. Balance Due (Form 500, Line 40; Form 500X, Line 36; Form 500EZ, Line 20)					4.		
5. Refund (Form 500, Line 41; Form 500X, Line 37, Form 500EZ, Line 21)					5.	212	
P _{ART} II				DECLARAT	ION OF	TAXPAYER(S)	
knowledge a Service Prov	smitter and the amounts shown in Part I agree wit ome Tax Return. I declare that I have examined m and belief, my return is true, correct and complete rider/Transmitter.	v tax return, including	g accompanying sc lectronic portion of	hedules and st my return may	atements, be sent by	and to the best of my y my ERO/Online	
HERE T	ERE TAXPAYER'S SIGNATURE Date SPOUSE'S SIGNATURE				JRE (if joint return, both must sign) Date		
ANUSHA KONCHADA						igii) Date	
PRINT NAME EMAIL ADDRESS							
P _{ART} III	DECLARATION OF	ELECTRONIC F			ND PAIR	DREDADED	
I DECLARE	THAT I HAVE REVIEWED THE ABOVE TAXPAY ECT TO THE BEST OF MY KNOWLEDGE.	ER'S RETURN AND	THAT THE ENTRI	ES ON THE G	A-8453 AF	RE COMPLETE	
	ERO's Signature RAHUL KUMAR BAJ	TOD T A					
ERO's	Firm's Name DELOTTE TAY CERT	TE TAX SERVICES INDIA DUM		Date 03/08/18			
	Use Firm's Name DELOITTE TAX SERVICES INDIA Address BPTP CREST, PLOT 15 UDVOC V			Check also if paid preparer X			
Only	Address BPTP CREST, PLOT 15, UDYOG VIHAR City, State, & ZIP Code GURGAON 122015 INDIA			FEIN/PTIN 98-0432569			
IF PREPARE	ED BY ANY PERSON OTHER THAN THE TAXPA HAS ANY KNOWLEDGE.		RATION IS BASED	ON ALL INFO	SSN/TIN RMATION	P01477751 OF WHICH THE	
THE ANEN	HAS ANT KNOWLEDGE.						
Paid	Paid Preparer's Signature				Date		
Preparer's	Firm's Name				FID/TIN		
Use Only	Address			and a second	SSN/TIN		
	City, State, & ZIP Code						
GA-8453 (REV 06	/27/17)						

KEEP A COPY WITH YOUR RECORDS