

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

[illegible]

First Name and Initial ANUSHA	Last Name KONCHADA	Social Security Number 181-31-8586
If Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number
Home Address (number and street) 509 LINDBERGH PLACE NE	Apt Number 701	Daytime Telephone Number
City, Town or Post Office ATLANTA	State GA	ZIP Code 30324

TAX RETURN INFORMATION	
1. Federal Adjusted Gross Income (Form 500 or Form 500X, Line 8; Form 500EZ, Line 1)	1. 94,497
2. Georgia Taxable Income (Form 500 or Form 500X, Line 15; Form 500EZ, Line 3)	2. 87,197
3. Net Georgia Tax (Form 500 or Form 500X, Line 22; Form 500EZ, Line 6)	3. 5,039
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. 300

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 2018 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.

Date _____

26th MARCH 2019

SPOUSE'S SIGNATURE (if joint return, both must sign) _____ **Date** _____

PRINT NAME _____

EMAIL ADDRESS

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 Signature VENKATA NAGA SATISH UPP

Firm's Name **DELOITTE TAX SERVICES INDIA PVT. LTD**

Address DELOITTE TOWERS, SURVEY #41, GACHIBOWL

City, State, & ZIP Code HYDERABAD 500032 INDIA

Date 02/25/19

Check also if paid preparer ☒ X

FEIN/PTIN 98-0432569

SSN/TIN **P01471352**

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 Signature

Firm's Name

Address

City, State, & ZIP Code

Date _____

FID/TIN

SSN/TIN

KEEP A COPY WITH YOUR RECORDS