

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) PEACHTREE ST NE STE 1500	Apt Number 191	Daytime Telephone Number
City, Town or Post Office ATLANTA	State GA	ZIP Code 30303

PART I

TAX RETURN INFORMATION

- | | | |
|--|----|---------|
| 1. Federal Adjusted Gross Income (Form 500 or Form 500X, Line 8; 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 |

PART II

DECLARATION OF TAXPAYER(S)

SIGN HERE K. Anusha 13th MARCH, 2018 SPOUSE'S SIGNATURE (if joint return, both must sign) _____
ANUSHA KONCHADA _____
 PRINT NAME _____
 EMAIL ADDRESS _____

PART III

DECLARATION OF ELECTRONIC RETURNS ORIGINATOR AND PAID PREPARER

ERO's Use Only	ERO's Signature <u>RAHUL KUMAR BAJORIA</u>	Date <u>03/08/18</u>
	Firm's Name <u>DELOITTE TAX SERVICES INDIA PVT. LTD.</u>	Check also if paid preparer <input checked="checked" type="checkbox"/>
	Address <u>BPTP CREST, PLOT 15, UDYOG VIHAR</u>	FEIN/PTIN <u>98-0432569</u>
	City, State, & ZIP Code <u>GURGAON 122015 INDIA</u>	SSN/TIN <u>P01477751</u>

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