

**GAINST****Filing Instructions****2016**

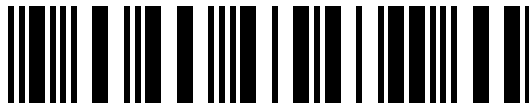
Name(s) as shown on return

AKSHAI K &amp; CHANCHAL RUNCHAL

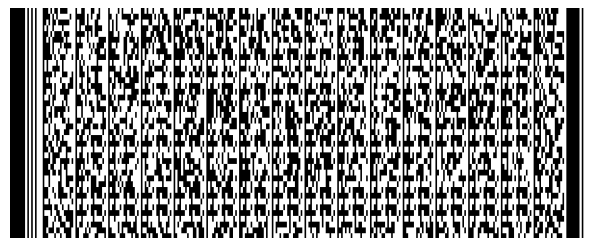
SSN or EIN

553-39-5912

**Date to file by:** 10-16-2017**Form to be filed:** GA500 and supplemental forms and schedules**Sign and Date:** The return must be signed and dated to be considered valid.**Payment:** \$4,453.00**Address to file:** Georgia Department of Revenue  
Processing Center  
PO Box 740323  
Atlanta, GA 30374-0323**Transaction Method:** Include form 525-TV with your check or money order made payable to the Georgia Department of Revenue along with the return. Print your name, address, SSN and "2016 GA500" on your check. If the return was filed electronically, mail only the voucher and payment to the address above.**Other Instructions:** Do not use staples. If the amount on Form 500, line 8 is \$40,000 or more or if you itemized deductions, include the Form 1040 pages 1 & 2, and Schedule A.



1700402617

**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

STATE ISSUED

YOUR FIRST NAME  
1. AKSHAIMI YOUR SOCIAL SECURITY NUMBER  
K 553-39-5912LAST NAME  
RUNCHAL

SUFFIX

Special Program Code  
See IT-511 Tax BookletSPOUSE'S FIRST NAME  
CHANCHALMI SPOUSE'S SOCIAL SECURITY NUMBER  
573-41-5200LAST NAME  
RUNCHAL

SUFFIX

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) ☐ CHECK IF ADDRESS HAS CHANGED  
2. 1931 STRADELLA RDCITY (Please insert a space if the city has multiple names)  
3. LOS ANGELESSTATE ZIP CODE  
CA 90077-2320500 UET Exception  
Attached ☐

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number . . . . . Residency Status  
4. 3

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT TO 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. B

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. 2**Pages (1-5) are Required for Processing**



YOUR SOCIAL SECURITY NUMBER  
553-39-5912

7a. Number of Dependents (Enter details on Line 7c. and DO NOT include yourself or your spouse) . . . . . ▶ 7a.

7b. Add Lines 6c and 7a. Enter total . . . . . ▶ 7b. 2

7c. Dependents (If you have more than 5 dependents, attach a list of additional dependents)

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You

**INCOME COMPUTATIONS**

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3,456.

8. Federal adjusted gross income(From Federal Form 1040,1040A or 1040 EZ) . . . . . ▶ 8.

325048

(Do not use **FEDERAL TAXABLE INCOME**) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must enclose a copy of your Federal Form 1040 Pages 1 and 2.

9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) . . . . . ▶ 9.

10. Georgia adjusted gross income (Net total of Line 8 and Line 9) . . . . . ▶ 10.



YOUR SOCIAL SECURITY NUMBER  
553-39-5912

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 . . . . ▶ 14a.  
OR multiply by \$3,700 for filing status B or C

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. 78530

16. Tax (Use Tax Table in the IT-511 Tax Booklet) . . . . ▶ 16. 4453

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, enter zero . . . . ▶ 22. 4453

23. Georgia Income Tax Withheld on Wages and 1099s . . . . ▶ 23.  
(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.

Pages (1-5) are Required for Processing



YOUR SOCIAL SECURITY NUMBER  
553-39-5912

**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 ☐  
260429153

3. EMPLOYER/PAYER STATE WITHHOLDING ID

4. GA WAGES / INCOME  
71121

5. GA TAX WITHHELD

**(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 ☐  
260429153

3. EMPLOYER/PAYER STATE WITHHOLDING ID

4. GA WAGES / INCOME  
71120

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.

27. If Line 22 exceeds Line 26 enter BALANCE DUE STATE . . . . . ▶ 27. 4453

28. If Line 26 exceeds Line 22 enter OVERPAYMENT amount . . . . . ▶ 28.

29. Amount to be credited to 2017 ESTIMATED TAX . . . . . ▶ 29.



YOUR SOCIAL SECURITY NUMBER  
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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.

4453

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

You can help eliminate \$1Million 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
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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)

Spouse's Signature ☐ (Check box if deceased)

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

Signature of Preparer

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

PHONE NUMBER

310-471-5013

DATE

05-25-2017

DATE

05-25-2017

NAME OF PREPARER OTHER THAN TAXPAYER

JAGJIT SINGH ARORA

PREPARER'S FIRM NAME

J ARORA INC

PREPARER'S FEIN

32-0225393

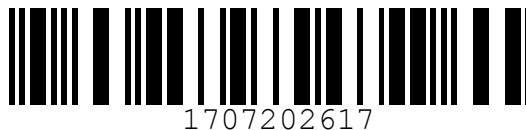
PREPARER'S SSN/PTIN/SIDN

P00186900

PHONE NUMBER

818-923-5038

TAXPAYER'S EMAIL ADDRESS



YOUR SOCIAL SECURITY NUMBER  
553-39-5912

**SCHEDULE 1 ADJUSTMENTS to INCOME BASED on GEORGIA LAW** (See IT-511 Tax Booklet)

**ADDITIONS to INCOME**

1. Interest on Non-Georgia Municipal and State Bonds . . . . . ▶ 1.
2. Lump Sum Distributions . . . . . ▶ 2.
3. Federal deduction for income attributable to domestic production activities . . . . . ▶ 3.  
(IRC Section 199)
4. Net operating loss carryover deducted on Federal return . . . . . ▶ 4.
5. Other (Specify) . . . . . ▶ 5.
6. Total Additions (Enter sum of Lines 1-5 here) . . . . . ▶ 6.

**SUBTRACTION from INCOME**

7. Retirement Income Exclusion (See IT-511 Tax Booklet)
  - a. Self: Date of Birth      Date of Disability:      Type of Disability:  
  
10-16-1943      7a.      65000
  - b. Spouse: Date of Birth      Date of Disability:      Type of Disability:  
  
07-16-1951      7b.      65000
8. Social Security Benefits (Taxable portion from Federal return) . . . . . ▶ 8.      23414
9. Path2College 529 Plan . . . . . ▶ 9.
10. Interest on United States Obligations (See IT-511 Tax Booklet) . . . . . ▶ 10.
11. Georgia Net Operating loss carryover from previous years  
(See IT-511 Tax Booklet) . . . . . ▶ 11.
12. Other Adjustments (Specify)      Adjustment      OTHER STATE REFUNDS      Amount      8469  
  
   Adjustment      Amount  
  
   Adjustment      Amount  
  
   Adjustment      Amount  
  
Total . . . . . ▶ 12.      8469
13. Total Subtractions (Enter sum of Lines 7-12 here) . . . . . ▶ 13.      161883
14. Net Adjustments (Line 6 less Line 13).  
Enter Net Total here and on Line 9 of Page 2 (+ or -) of Form 500 or Form 500X . . . . . ▶ 14.      -161883



YOUR SOCIAL SECURITY NUMBER  
553-39-5912

**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	1. WAGES, SALARIES, TIPS, etc	1. WAGES, SALARIES, TIPS, etc
2. INTEREST AND DIVIDENDS 733	2. INTEREST AND DIVIDENDS 733	2. INTEREST AND DIVIDENDS
3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)
4. OTHER INCOME OR (LOSS) 324315	4. OTHER INCOME OR (LOSS) 159702	4. OTHER INCOME OR (LOSS) 164613
5. TOTAL INCOME: TOTAL LINES 1 THRU 4 325048	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 160435	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 164613
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 -161883	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1 -103031	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1 -58852
8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 163165	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 57404	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 105761
9. RATIO: Divide Line 8, Column C by Line 8, Column A. Enter percentage . . ▶	9.	64.82 % Not to exceed 100%
10a. Itemized <input checked="" type="checkbox"/> or Standard Deduction <input type="checkbox"/> (See IT-511 Tax Booklet) . . . . . ▶	10a.	34610
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. 2 multiply by \$2,700 for filing status A or D <b>OR</b> . . . . ▶	11a.	7400
from Form 500 or 500X multiply by \$3,700 for filing status B or C		
11b. Number on Line 7a. multiply by \$3,000 . . . . . ▶	11b.	
from Form 500 or 500X		
11c. Add Lines 11a. and 11b. Enter total . . . . . ▶	11c.	7400
12. Total Deductions and Exemptions: Add lines 10a, 10b, and 11c . . . . . ▶	12.	42010
13. Multiply Line 12 by Ratio on Line 9 and enter result . . . . . ▶	13.	27231
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.	78530

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



# Instructions for the Individual/Fiduciary (525-TV) Payment Voucher

- For faster and more accurate posting to your account, use a payment voucher with a **valid scanline** from the Georgia Department of Revenue's website <http://dor.georgia.gov> or one produced by an approved software company listed at <http://dor.georgia.gov/approved-software-vendors>.
- Only complete this voucher if you owe taxes.
- Complete the name and address field located on the upper right side of the voucher.
- Please write your SSN or FEIN on your check or money order.
- Remove your check stub to keep with your records.
- If the due date falls on a weekend or holiday, the tax shall be due on the next day that is not a weekend or holiday.
- If you are **filing electronically**, mail only your voucher and payment to:

**Processing Center  
Georgia Department of Revenue  
PO Box 740323  
Atlanta, Georgia 30374-0323**

- If you are filing a paper return; mail your return, 525-TV payment voucher and your payment to the address that appears on the return.

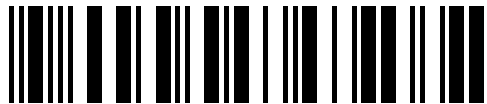
Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

**PLEASE DO NOT mail this entire page. Please cut along dotted line and mail only your voucher and payment.  
PLEASE DO NOT STAPLE. PLEASE REMOVE ALL ATTACHED CHECK STUBS.**

----- Cut along dotted line -----

**525-TV (Rev. 07/15/16)**  
Individual and Fiduciary Payment Voucher

**2016**



1752502615

Individual or Fiduciary Name and Address:

AKSHAI  
RUNCHAL  
1931 STRADELLA RD  
LOS ANGELES CA 90077-2320

<input type="checkbox"/> Amended Return	<input type="checkbox"/> Paper Return	<input checked="" type="checkbox"/> Electronically Filed	TYPE OF RETURN:		<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Fiduciary
Taxpayer's SSN or Fiduciary FEIN 553-39-5912	Spouse's SSN (if joint or combined return) 573-41-5200	Tax Year <b>2016</b>	Daytime Telephone Number 310-471-5013	Vendor Code 026		

**PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.**

PROCESSING CENTER  
GEORGIA DEPARTMENT OF REVENUE  
PO BOX 740323  
ATLANTA GA 30374-0323

**Amount Paid \$ 4453.00**

525005533959128160921200000000000000002600004453000