

Consent to disclose your information for the refund advance loan and for a checking account with Credit Karma Money™

We're going to disclose the tax information described from your 2022 tax return to Credit Karma, MVB Bank, Inc. (the issuer of Credit Karma Money), First Century Bank (the lender), BorrowWorks (the lender service provider) and Intuit Financing, Inc. (a loan program funder), to process and fund your Refund Advance loan, administer, and communicate with you regarding the loan program and to issue and manage a checking account with Credit Karma Money™ for you.

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature. If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

Do you agree to let TurboTax disclose your tax return info to the parties listed above?

I agree ☒

Taxpayer First Name Lakeya

Taxpayer Last Name Shumate

Today's Date 02/01/2023

Spouse First Name _____

Spouse Last Name _____

Today's Date _____

Qualifying is not based on your credit score

Does applying for Refund Advance impact my credit?

This will not impact your credit score. Also, your credit is not one of the factors that goes into prequalifying for Refund Advance.

What information are you sharing?

We're sharing the following information with First Century Bank (the lender), BorrowWorks (the lender service provider) and MVB Bank, Inc. (the issuer of the card) via secure, SSL-encrypted transmission:

Personal and contact information for primary filer and, if applicable, spouse: first and last name; Social Security number; date of birth; address (street, city, state, zip, country); email address; phone number; number of dependents; EFIN; military paygrade; driver's license or state ID number.

Filing and preparation information: federal and state tax return type; tax year; filing status and history; whether you are filing IRS Forms 4136, 1310 or 8888; when you agree to this disclosure consent; when the IRS and state accepted the return; the IRS and state acknowledgement code for the return.

Information about personal and business income, deductions, credits, losses and expenses:

- Income and gain from any source (such as wages, tips, pensions, rental income, and capital gains), and related forms (such as Forms W2 and 1099); adjusted gross income; taxable income
- All deductions, credits and benefits (such as standard deduction, itemized deductions like charitable contributions, education credits, earned income tax credit, and dependent care benefits), and related federal and state forms (such as Schedules A and C, and Form 8862)
- All losses and expenses (such as capital losses, theft losses, and business expenses) and related federal and state forms (such as Schedule E and Form 4684)

Refund and tax liability information: current and prior tax year refund, if any, and how you received or are receiving your refund; amount and type of all taxes paid or withheld for the current and prior year, and related federal and state forms (such as Forms 4868 and 1099R)

Information regarding use of TurboTax, including methods and devices used to provide information to TurboTax and TurboTax use history:

- Indicators on how you provided information to TurboTax
- Indicators regarding the device used to provide information to TurboTax

- Information about your TurboTax use, the amount paid for such product and your filing history and status

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Filing and preparation information: federal and state tax return type; tax year; filing status and history; whether you are filing IRS Forms 4136, 1310 or 8888; when you agree to this disclosure consent; when the IRS and state accepted the return; the IRS and state acknowledgement code for the return.

Information about personal and business income, deductions, credits, losses and expenses:

- Income and gain from any source (such as wages, tips, pensions, rental income, and capital gains), and related forms (such as Forms W2 and 1099); adjusted gross income; taxable income
- All deductions, credits and benefits (such as standard deduction, itemized deductions like charitable contributions, education credits, earned income tax credit, and dependent care benefits), and related federal and state forms (such as Schedules A and C, and Form 8862)
- All losses and expenses (such as capital losses, theft losses, and business expenses) and related federal and state forms (such as Schedule E and Form 4684)

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- Indicators on how you provided information to TurboTax
- Indicators regarding the device used to provide information to TurboTax

- Information about your TurboTax use, the amount paid for such product and your filing history and status

Filing Status
☒ Single
 ☐ Married filing jointly
 ☐ Married filing separately (MFS)
 ☐ Head of household (HOH)
 ☐ Qualifying surviving spouse (QSS)

Check only one box.

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Your first name and middle initial Lakeya O		Last name Shumate		Your social security number 254-91-8790	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. 6466 Wellington Chase Ct				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. Lithonia			State GA	ZIP code 300586487	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name		Foreign province/state/county		Foreign postal code	

Digital Assets

At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)
 ☐ Yes ☒ No

Standard Deduction

Someone can claim:
☐ You as a dependent
 ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness
You:
☐ Were born before January 2, 1958
 ☐ Are blind
 Spouse:
☐ Was born before January 2, 1958
 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.	1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	4,913.	
	b	Household employee wages not reported on Form(s) W-2	1b		
	c	Tip income not reported on line 1a (see instructions)	1c		
	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d		
	e	Taxable dependent care benefits from Form 2441, line 26	1e		
	f	Employer-provided adoption benefits from Form 8839, line 29	1f		
	g	Wages from Form 8919, line 6	1g		
	h	Other earned income (see instructions)	1h	0.	
	i	Nontaxable combat pay election (see instructions)	1i		
	z	Add lines 1a through 1h	1z	4,913.	
	Attach Sch. B if required. Standard Deduction for— • Single or Married filing separately, \$12,950 • Married filing jointly or Qualifying surviving spouse, \$25,900 • Head of household, \$19,400 • If you checked any box under Standard Deduction , see instructions.	2a	Tax-exempt interest	2a	
		3a	Qualified dividends	3a	
		4a	IRA distributions	4a	
		5a	Pensions and annuities	5a	
		6a	Social security benefits	6a	
c		If you elect to use the lump-sum election method, check here (see instructions)		<input type="checkbox"/>	
7		Capital gain or (loss). Attach Schedule D if required. If not required, check here	7	<input type="checkbox"/>	
8		Other income from Schedule 1, line 10	8		
9		Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	4,913.	
10		Adjustments to income from Schedule 1, line 26	10		
11	Subtract line 10 from line 9. This is your adjusted gross income	11	4,913.		
12	Standard deduction or itemized deductions (from Schedule A)	12	12,950.		
13	Qualified business income deduction from Form 8995 or Form 8995-A	13			
14	Add lines 12 and 13	14	12,950.		
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	0.		

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	0.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	0.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	0.
	21	Add lines 19 and 20	21	0.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	0.	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	157.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	157.
	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC)	27	377.
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	871.
	30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31		
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	1,248.	
33	Add lines 25d, 26, and 32. These are your total payments	33	1,405.	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,405.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,405.
	b	Routing number 091302966 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 260105661565		
	36	Amount of line 34 you want applied to your 2023 estimated tax	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> Yes . Complete below. <input checked="" type="checkbox"/> No		
	Designee's name	Phone no.	Personal identification number (PIN)

Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
	Phone no. (678) 437-4416	Email address		

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
	Firm's name	Self-Prepared			Phone no.
	Firm's address				Firm's EIN

Education Credits
(American Opportunity and Lifetime Learning Credits)

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/Form8863 for instructions and the latest information.

Your social security number

254-91-8790

*Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.***Part I Refundable American Opportunity Credit**

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 . . .	1	2,177.
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse . . .	2	90,000.
3	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead . . .	3	4,913.
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit . . .	4	85,087.
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse . . .	5	10,000.
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 . . . • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) . . .	6	1.000
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/> . . .	7	2,177.
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below. . .	8	871.

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) . . .	9	1,306.
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19 . . .	10	
11	Enter the smaller of line 10 or \$10,000 . . .	11	
12	Multiply line 11 by 20% (0.20) . . .	12	
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse . . .	13	
14	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead . . .	14	
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19 . . .	15	
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse . . .	16	
17	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 . . . • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) . . .	17	
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) . . .	18	
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3 . . .	19	0.

Name(s) shown on return

Lakeya O Shumate

Your social security number

254-91-8790



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part III Student and Educational Institution Information. See instructions.

<p>20 Student name (as shown on page 1 of your tax return) Lakeya O Shumate</p>	<p>21 Student social security number (as shown on page 1 of your tax return) 254-91-8790</p>		
<p>22 Educational institution information (see instructions)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>a. Name of first educational institution crown college</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 8700 college view dr st.bonifacius MN 55375</p> <p>(2) Did the student receive Form 1098-T from this institution for 2022? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2021 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution. 41-0693968</p> </td> <td style="width: 50%; vertical-align: top;"> <p>b. Name of second educational institution (if any)</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p>(2) Did the student receive Form 1098-T from this institution for 2022? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2021 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.</p> </td> </tr> </table>		<p>a. Name of first educational institution crown college</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 8700 college view dr st.bonifacius MN 55375</p> <p>(2) Did the student receive Form 1098-T from this institution for 2022? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2021 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution. 41-0693968</p>	<p>b. Name of second educational institution (if any)</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p>(2) Did the student receive Form 1098-T from this institution for 2022? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2021 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.</p>
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<p>23 Has the American opportunity credit been claimed for this student for any 4 prior tax years?</p> <p style="text-align: right;"> <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 24. </p>			
<p>24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2022 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.</p> <p style="text-align: right;"> <input checked="" type="checkbox"/> Yes — Go to line 25. <input type="checkbox"/> No — Stop! Go to line 31 for this student. </p>			
<p>25 Did the student complete the first 4 years of postsecondary education before 2022? See instructions.</p> <p style="text-align: right;"> <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 26. </p>			
<p>26 Was the student convicted, before the end of 2022, of a felony for possession or distribution of a controlled substance?</p> <p style="text-align: right;"> <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Complete lines 27 through 30 for this student. </p>			



You *can't* take the American opportunity credit and the lifetime learning credit for the *same student* in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.

American Opportunity Credit

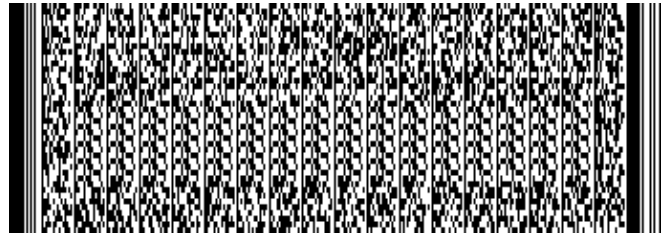
27 Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000	27	2,706.
28 Subtract \$2,000 from line 27. If zero or less, enter -0-	28	706.
29 Multiply line 28 by 25% (0.25)	29	177.
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	30	2,177.

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31	
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2300411514

**Georgia Form 500** (Rev. 06/22/22)

Individual Income Tax Return

Georgia Department of Revenue

2022 (Approved software version)**Page 1**Fiscal Year
BeginningSTATE GA
ISSUEDFiscal Year
EndingYOUR DRIVER'S
LICENSE/STATE ID

057931266

YOUR FIRST NAME

1. LAKEYA

MI

O

YOUR SOCIAL SECURITY NUMBER

254-91-8790

LAST NAME (For Name Change See IT-511 Tax Booklet)

SHUMATE

SUFFIX

SPOUSE'S FIRST NAME

MI

SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME

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. 6466 WELLINGTON CHASE CT

CITY (Please insert a space if the city has multiple names)

3. LITHONIA

STATE

GA

ZIP CODE

300586487

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number 4. 1

Residency Status

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

TO

3. NONRESIDENT

Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... 5. A

Filing Status

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 Surviving Spouse

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself X 6b. Spouse 6c. 1

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

This Page (1) is required for processing

REV 01/03/23 INTUIT.CG.CFP.SP



YOUR SOCIAL SECURITY NUMBER
254-91-8790

7b. Dependents (If you have more than 4 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

INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3456.

8. Federal adjusted gross income (From Federal Form 1040)..... 8. 4913
(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 include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.
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. 4913
11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION)..... 11a. 5400
(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. 5400
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 include 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. -487



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14a. Enter the number from Line 6c. **1** Multiply by \$2,700 for filing status A or D 14a. 2700
or multiply by \$3,700 for filing status B or C

14b. Enter the number from Line 7a. Multiply by \$3,000..... 14b.

14c. Add Lines 14a. and 14b. Enter total 14c. 2700

15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14)..... 15a. -3187

15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after
applying the 80% limitation, see IT-511 Tax Booklet for more information).....15b.

15c. Georgia Taxable Income (Line 15a less Line 15b)..... 15c. -3187

16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet) 16. 0

17. Low Income Credit 17a. **1** 17b. **26** 17c. 0

18. Other State(s) Tax Credit (Include a copy of the other state(s) return) 18.

19. Credits used from IND-CR Summary Worksheet 19.

20. **Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)** 20.

21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16 21. 0

22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero 22. 0

INCOME STATEMENT DETAILS Only enter income on which Georgia tax was withheld. Enter income 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)				(INCOME STATEMENT B)				(INCOME STATEMENT C)			
1. WITHHOLDING TYPE:				1. WITHHOLDING TYPE:				1. WITHHOLDING TYPE:			
<input checked="" type="checkbox"/> W-2	<input type="checkbox"/> G2-A	<input type="checkbox"/> G2-LP		<input checked="" type="checkbox"/> W-2	<input type="checkbox"/> G2-A	<input type="checkbox"/> G2-LP		<input type="checkbox"/> W-2	<input type="checkbox"/> G2-A	<input type="checkbox"/> G2-LP	
1099	G2-FL	G2-RP		1099	G2-FL	G2-RP		1099	G2-FL	G2-RP	
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input checked="" type="checkbox"/> SSN				2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input checked="" type="checkbox"/> SSN				2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN			
461921512				810762214							
3. EMPLOYER/PAYER STATE WITHHOLDING ID				3. EMPLOYER/PAYER STATE WITHHOLDING ID				3. EMPLOYER/PAYER STATE WITHHOLDING ID			
3103779				3247634							
4. GA WAGES / INCOME				4. GA WAGES / INCOME				4. GA WAGES / INCOME			
593				4317							
5. GA TAX WITHHELD				5. GA TAX WITHHELD				5. GA TAX WITHHELD			
18				137							

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

This Page (3) is required for processing



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(INCOME STATEMENT D)

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

23. Georgia Income Tax Withheld on Wages and 1099s 23. 155
(Enter Tax Withheld Only and include W-2s and/or 1099s)
24. Other Georgia Income Tax Withheld 24.
(Must include G2-A, G2-FL, G2-LP and/or G2-RP)
25. Estimated Tax paid for 2022 and Form IT-560 25.
26. Schedule 2B Refundable Tax Credits 26.
(Cannot be claimed unless filed electronically)
27. Total prepayment credits (Add Lines 23, 24, 25 and 26) 27. 155
28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter
balance due 28.
29. If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter
overpayment 29. 155
30. Amount to be credited to 2023 ESTIMATED TAX 30. 0
31. Georgia Wildlife Conservation Fund (No gift of less than \$1.00) 31.
32. Georgia Fund for Children and Elderly (No gift of less than \$1.00) 32.
33. Georgia Cancer Research Fund (No gift of less than \$1.00) 33.
34. Georgia Land Conservation Program (No gift of less than \$1.00) 34.
35. Georgia National Guard Foundation (No gift of less than \$1.00) 35.
36. Dog & Cat Sterilization Fund (No gift of less than \$1.00) 36.
37. Saving the Cure Fund (No gift of less than \$1.00) 37.
38. Realizing Educational Achievement Can Happen (REACH) Program 38.
(No gift of less than \$1.00)



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39. Public Safety Memorial Grant (No gift of less than \$1.00)..... 39.
40. Form 500 UET (Estimated tax penalty) 500 UET exception attached 40.
41. Penalty: Late Payment and/or Late Filing..... 41.
42. Interest 42.
43. (If you owe) Add Lines 28, 31 thru 42 43.
**MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE,
Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER,
PO BOX 740399 ATLANTA, GA 30374-0399**

44. (If you are due a refund) Subtract the sum of Lines 30 thru 42 from Line 29
THIS IS YOUR REFUND..... 44. 155
**Refund Due Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER,
PO BOX 740380 ATLANTA, GA 30374-0380**

If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.

- 44a. Direct Deposit (U.S. Accounts Only) Type: Checking ☒ Savings
- Routing Number 091302966 Account Number 260105661565

Mail pages 1-5 and any applicable schedules, forms, and documentation. DO NOT staple pages.

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.

Taxpayer's Signature (Check box if deceased)

Spouse's Signature (Check box if deceased)

Taxpayer's Date of Death

Spouse's Date of Death

Taxpayer's Signature Date

Taxpayer's Phone Number
678-437-4416

Spouse's Signature Date

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

Taxpayer's E-mail Address

I authorize DOR to discuss this return with the named preparer.

Preparer's Phone Number

Signature of Preparer
Name of Preparer Other Than Taxpayer
SELF-PREPARED

Preparer's FEIN

Preparer's Firm Name

Preparer's SSN/PTIN/SIDN

