

FORM 500 INSTRUCTIONS

Include all completed schedules with your Georgia return.

Complete your Federal return before starting your Georgia return. Your Federal return contains information that should be included on your Georgia return.

Lines 1 - 3: Print or type your name(s), address (including apartment number if applicable) and social security number(s) in the spaces provided. **Do not write both a street address and post office box in the address field.**

Line 4: Enter the appropriate number for your residency status.

- 1 - You lived in Georgia the entire year, regardless of temporary living arrangements, enter 1 in the residency status box.
- 2 - You lived in Georgia part of the year. Note: List the dates you lived in Georgia
- 3 - You did not live in Georgia or if one spouse is a resident and one is a part-year resident or nonresident. Note: You must Complete Schedule 3 to calculate Georgia taxable income.

Line 5: Enter the appropriate letter for your filing status. Use the same status that is on your Federal return.

- A - Single
- B - Married filing joint;
- C - Married filing separate;
- D - Head of Household or Qualifying widow(er)

Georgia does recognize same-sex marriage.

Exceptions:

- One spouse is a resident and the other is a nonresident without any Georgia-source income, your Georgia return may be filed jointly or separately with each spouse claiming the appropriate exemptions and deductions.
- Use filing status D if your filing status is qualifying widow(er) on your Federal return .

Line 6a - 6b: Check the appropriate box

- 6a for yourself
- 6b if you claim your spouse and you file jointly.

Line 6c: Enter the total number of exemptions boxes checked

Lines 7a - b: Exemptions and Dependents

- **7a:** Enter the total number of dependents. **Do not include yourself or your spouse.**
- **7b:** List the requested information about your dependents in the spaces provided. Include a schedule if you have more than five dependents.

Line 8: Enter Federal adjusted gross income from Form 1040. **Do not use Federal taxable income.**

Note: 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.

Line 9: You must adjust your Federal adjusted gross income if you have income that is taxable by the Federal Government but not taxable to Georgia or vice versa. You must document your adjustments on Schedule 1 and enter the total amount here. There are certain adjustments that must be added if applicable and some adjustments that may be subtracted. Please see pages 14 - 16 for more information about additions and subtractions.

Note: Part-year residents and nonresidents must omit Lines 9 -14 and follow the Schedule 3 instructions that begin on page 17.

Line 10: Enter Georgia adjusted gross income (net total of Line 8 and Line 9).

Lines 11a-c: Standard Deductions (Leave Lines 11a-c blank if you itemize deductions)

Note: If you use the standard deduction on your Federal return, you must use the Georgia standard deduction on your Georgia return.

Line 11a: Enter the standard deduction that corresponds to your marital status.

- Single/Head of Household.....\$4,600
- Married Filing Separate..... \$3,000
- Married Filing Joint.....\$6,000
- Additional Deduction.....\$1,300

Line 11b: Enter any additional deductions on Line 11b.

Note: The additional deduction applies if you and/or your spouse are age 65 or over and/or blind.

Line 11c: Enter the total standard deduction on Line 11c.

Lines 12a-c: Itemized Deduction (Leave Lines 12a-c blank if you use the standard deduction)

Note: If you itemize deductions on your Federal return, or if you are married filing separate and your spouse itemizes deductions, you must itemize deductions on your Georgia return. Include a copy of Federal Schedule A with your Georgia return.

When Federal itemized deductions are reduced because of high income, the reduced amount should be used as the starting point to compute Georgia itemized deductions.

FORM 500 INSTRUCTIONS (continued)

Line 12a: Enter the itemized deductions from your Federal Schedule A

Line 12b: Enter adjustments for income taxes other than Georgia and investment interest expense for the production of income exempt from Georgia tax.

Line 12c: Subtract Line 12b from Line 12a, enter total.

Line 13: Subtract Line 11c or 12c from Line 10, enter total.

Lines 14a-c: Filing Status and Dependent Deductions Totals

Lines 14a: Multiply the number of exemptions Line 6c by the filing status totals listed below and enter the total.

■ \$2,700 for filing status: A - Single or D - Head of Household or Qualifying Widow(er)

■ \$3,700 for filing status: B - Married Filing Joint or C - Married filing separate

Line 14b: Multiply the number of dependents Line 7a by \$3,000 and enter the total.

Line 14c: Enter the grand total of Lines 14a and 14b.

Line 15: Subtract Line 14c from Line 13 to get your Georgia taxable income.

Line 16: Take the amount from Line 15 and find the corresponding amount and your filing status on the tax tables (pages 25 through 27) to determine your tax liability.

Line 17: Complete the Low Income Credit Worksheet on page 20 to determine your credit amount. Enter the amount from Line 6 of the worksheet on the form.

Note: You may claim the low income credit if your Federal adjusted gross income is less than \$20,000 and you are not claimed or eligible to be claimed as a dependent on another taxpayer's Federal or Georgia income tax return. Part-year residents may only claim the credit if they were residents at the end of the tax year. Taxpayers filing a separate return for a taxable year in which a joint return could have been filed can only claim the credit that would have been allowed had a joint return been filed. You cannot claim this credit if you are an inmate in a correctional facility. The credit cannot exceed the taxpayer's income tax liability.

Line 18: Enter the other state(s) tax credit used. If you paid tax to more than one state, use the total of the other state's income and the worksheet on page 19 to calculate the Other State's Tax Credit.

Note: You must include a copy of the return filed with the other state(s) with your Georgia return or the credit will not be allowed.

Line 19: Enter the amount of credits used from the IND-CR Summary Worksheet, Line 10. IND-CR tax credits range from 201 - 209. IND-CR forms are included within the form.

Line 20: Enter the amount of credits used from Schedule 2. If claiming credit code 125 (QEE) enter your SSN and not the FEIN of the SSO. See page 22 for more information regarding credits

Line 21: Add Lines 17-20 to get the amount for total credits used. Amount cannot exceed Line 16.

Line 22: Subtract Line 21 from Line 16. If zero or less, enter zero.

Line 23: Enter Georgia income tax withheld from W-2s and 1099s where Georgia income tax was withheld.

Note: Include a copy of these statements with your return or this amount will not be allowed.

Line 24: Enter Georgia income tax withheld on G2-A, G2-FL, G2-LP, and/or G2-RP. Include a copy of these statements with your return or this amount will not be allowed.

Note: Please complete the Income Statement Details Section. Only report income on which Georgia tax was withheld. Enter W-2s, 1099s, and G-2As on Line 4 GA Wages/Income. For other statements complete Line 4 using the income reported from Form G2-RP Line 12 or Line 13; Form G2-LP Line 11, or for Form G2-FL enter zero.

Line 25: Enter estimated tax payments, including amounts credited from a previous return, and any payments made electronically or with Form IT 560.

Line 26: Add Lines 23, 24 and 25 and enter the total amount.

Line 27: If Line 22 is more than Line 26, subtract Line 26 from Line 22 to calculate the balance due.

Line 28: If Line 26 is more than Line 22, subtract Line 22 from Line 26 to calculate your overpayment.

Line 29: Enter the amount you want credited to next year's estimated tax.

Lines 30 - 38: Enter the amount you want to donate to the charities listed on the form.

Note: Amount cannot be less than \$1.

FORM 500 and SCHEDULE 1 INSTRUCTIONS (continued)

Line 39: Enter the estimated tax penalty from Form 500 UET. If you were eligible for an estimated tax penalty exception on Form 500 UET, please check the “500 UET Exception Attached” box, include the revised penalty on line 39 of the Form 500, and include the 500 UET with the return.

Note: If the revised penalty is zero, enter zero.

Line 40: Add Lines 27 and 30 through 39 and enter the total amount due. Mail your return, 525-TV payment voucher, and payment to the address on the Form 500.

Line 41: Subtract the sum of Lines 29 through 39 from Line 28 and enter the amount to be refunded to you.

Direct Deposit Option

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

Line 41a: Complete the direct deposit information

■ Check the appropriate box (Checking or Savings) for the type of account.

Note: Do not check more than one box. You must check the correct box to ensure your direct deposit is accepted.

■ Enter your nine digit routing number.

Note: The first two digits must be 01 through 12 or 21 through 32.

Ask your financial institution for the correct routing number to enter on line 41a if:

- The routing number on a deposit slip is different from the routing number on your checks.
- The deposit is to a savings account that does not allow you to write checks or
- Your checks state they are payable through a financial institution different from the one at which you have your checking account.

■ Enter your account number from left to right and leave unused boxes blank. Include hyphens, but omit spaces and special symbols.

Note: The account number can be up to 17 characters (both numbers and letters).

Example

On the sample check below, the routing number is 807100013. John Doe would use that routing number unless their financial institution instructed them to use a different routing number for direct deposits. The account number is 978653421. Do not include the check number. On the sample check above, the check number is 5678.



Direct Deposit Rejects

If any of the following apply, your direct deposit request will be rejected and a check will be mailed:

- Any numbers or letters are crossed out or whited out.
- Your financial institution will not allow a joint refund to be deposited to an individual account. The State of Georgia is not responsible if a financial institution rejects a direct deposit.
- You request a deposit of your refund to an account that is not in your name (such as your tax preparer's own account).

Signature Section

Please sign and date your return. If filing a joint return you and your spouse must sign and date the return. If applicable, the paid preparer should also sign the return.

Schedule 1 Instructions

Lines 1 - 6: Enter your additions to income (see page 14 for detailed information).

Lines 7 - 13: Enter your subtractions from income (see pages 14 - 16 for detailed information).

Lines 14: Enter your total net adjustments here and on Line 9 of page 2 of Form 500.

Note: Please complete and include your Retirement Exclusion calculation (Page 2 of Schedule 1), if you entered information on Schedule 1, Lines 7 a and/or b.



1900405919

Georgia Form 500 (Rev. 08/17/18)

Individual Income Tax Return
Georgia Department of Revenue

2018 (Approved booklet version)

Please print your numbers like this in black or blue ink:



Page **1**

Fiscal Year Beginning --

Fiscal Year Ending --

YOUR DRIVER'S LICENSE/STATE ID STATE ISSUED

1. YOUR FIRST NAME MI YOUR SOCIAL SECURITY NUMBER

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

SPOUSE'S FIRST NAME MI SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME SUFFIX

DEPARTMENT USE ONLY

2. ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED

3. CITY (Please insert a space if the city has multiple names) STATE ZIP CODE

(COUNTRY IF FOREIGN)

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

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)..... 5.

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.

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



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7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents)

<p>First Name, MI.</p> <input type="text"/> <p>Social Security Number</p> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<p>Last Name</p> <input type="text"/> <p>Relationship to You</p> <input type="text"/>
<p>First Name, MI.</p> <input type="text"/> <p>Social Security Number</p> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<p>Last Name</p> <input type="text"/> <p>Relationship to You</p> <input type="text"/>
<p>First Name, MI.</p> <input type="text"/> <p>Social Security Number</p> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<p>Last Name</p> <input type="text"/> <p>Relationship to You</p> <input type="text"/>
<p>First Name, MI.</p> <input type="text"/> <p>Social Security Number</p> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<p>Last Name</p> <input type="text"/> <p>Relationship to You</p> <input type="text"/>

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).....	8.	<input type="text"/> <input type="text"/> ,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
(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.	<input type="text"/> <input type="text"/> ,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
10. Georgia adjusted gross income (Net total of Line 8 and Line 9).....	10.	<input type="text"/> <input type="text"/> ,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION).....	11a.	<input type="text"/> <input type="text"/> ,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
(See IT-511 Tax Booklet)					
b. Self: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/> Total <input type="text"/> x 1,300=.....	11b.	<input type="text"/> <input type="text"/> ,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Spouse: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/>		<input type="text"/> <input type="text"/> ,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
c. Total Standard Deduction (Line 11a + Line 11b).....	11c.	<input type="text"/> <input type="text"/> ,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
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.		<input type="text"/> <input type="text"/> ,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
a. Federal Itemized Deductions (Schedule A-Form 1040)	12a.	<input type="text"/> <input type="text"/> ,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
b. Less adjustments: (See IT-511 Tax Booklet)	12b.	<input type="text"/> <input type="text"/> ,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
c. Georgia Total Itemized Deductions.....	12c.	<input type="text"/> <input type="text"/> ,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
13. Subtract either Line 11c or Line 12c from Line 10; enter balance.....	13.	<input type="text"/> <input type="text"/> ,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>



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14a. Enter the number from Line 6c. <input type="text"/> Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00
14b. Enter the number from Line 7a. <input type="text"/> Multiply by \$3,000.....	14b.	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00
14c. Add Lines 14a. and 14b. Enter total.....	14c.	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"><input type="text"/>.00</input>
15. Georgia taxable income (Line 13 less Line 14c or Schedule 3, Line 14)	15.	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"><input type="text"/> <input type="text"><input type="text"/>.00</input></input>
16. Tax (Use Tax Table in the IT-511 Tax Booklet).....	16.	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"><input type="text"/> <input type="text"><input type="text"/>.00</input></input>
17. Low Income Credit 17a. <input type="text"/> <input type="text"/> 17b. <input type="text"/> <input type="text"/>	17c.	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00
18. Other State(s) Tax Credit (Include a copy of the other state(s) return)	18.	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"><input type="text"/> <input type="text"><input type="text"/>.00</input></input>
19. Credits used from IND-CR Summary Worksheet	19.	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"><input type="text"/> <input type="text"><input type="text"/>.00</input></input>
20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)	20.	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"><input type="text"/> <input type="text"><input type="text"/>.00</input></input>
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	21.	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"><input type="text"/> <input type="text"><input type="text"/>.00</input></input>
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero	22.	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"><input type="text"/> <input type="text"><input type="text"/>.00</input></input>

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: <input type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"> G2-FL <input type="checkbox"/> G2-RP </input>	1. WITHHOLDING TYPE: <input type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP	1. WITHHOLDING TYPE: <input type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. EMPLOYER/PAYER STATE WITHHOLDING ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	3. EMPLOYER/PAYER STATE WITHHOLDING ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	3. EMPLOYER/PAYER STATE WITHHOLDING ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
4. GA WAGES / INCOME <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"><input type="text"/>.00 </input>	4. GA WAGES / INCOME <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"><input type="text"/> <input type="text"><input type="text"/>.00 </input></input>	4. GA WAGES / INCOME <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"><input type="text"/> <input type="text"><input type="text"/>.00 </input></input>
5. GA TAX WITHHELD <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"><input type="text"/> <input type="text"><input type="text"/>.00 </input></input>	5. GA TAX WITHHELD <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"><input type="text"/> <input type="text"><input type="text"/>.00 </input></input>	5. GA TAX WITHHELD <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"><input type="text"/> <input type="text"><input type="text"/>.00 </input></input>

INCOME STATEMENT DETAILS CONTINUED ON PAGE 4.



YOUR SOCIAL SECURITY NUMBER - -

(INCOME STATEMENT D)	(INCOME STATEMENT E)	(INCOME STATEMENT F)
1. WITHHOLDING TYPE: <input type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP	1. WITHHOLDING TYPE: <input type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP	1. WITHHOLDING TYPE: <input type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. EMPLOYER/PAYER STATE WITHHOLDING ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	3. EMPLOYER/PAYER STATE WITHHOLDING ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	3. EMPLOYER/PAYER STATE WITHHOLDING ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4. GA WAGES / INCOME <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	4. GA WAGES / INCOME <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	4. GA WAGES / INCOME <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5. GA TAX WITHHELD <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	5. GA TAX WITHHELD <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	5. GA TAX WITHHELD <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

23. Georgia Income Tax Withheld on Wages and 1099s (Enter Tax Withheld Only and include W-2s and/or 1099s)	23.	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00
24. Other Georgia Income Tax Withheld (Must include G2-A, G2-FL, G2-LP and/or G2-RP)	24.	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00
25. Estimated Tax paid for 2018 and Form IT-560	25.	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00
26. Total prepayment credits (Add Lines 23, 24 and 25)	26.	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00
27. If Line 22 exceeds Line 26, subtract Line 26 from Line 22 and enter balance due	27.	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00
28. If Line 26 exceeds Line 22, subtract Line 22 from Line 26 and enter overpayment	28.	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00
29. Amount to be credited to 2019 ESTIMATED TAX	29.	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00
30. Georgia Wildlife Conservation Fund (No gift of less than \$1.00)	30.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00
31. Georgia Fund for Children and Elderly (No gift of less than \$1.00)	31.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00
32. Georgia Cancer Research Fund (No gift of less than \$1.00)	32.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00
33. Georgia Land Conservation Program (No gift of less than \$1.00)	33.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00
34. Georgia National Guard Foundation (No gift of less than \$1.00)	34.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00
35. Dog & Cat Sterilization Fund (No gift of less than \$1.00)	35.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00
36. Saving the Cure Fund (No gift of less than \$1.00)	36.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00
37. Realizing Educational Achievement Can Happen (REACH) Program (No gift of less than \$1.00)	37.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00
38. Public Safety Memorial Grant (No gift of less than \$1.00)	38.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00



YOUR SOCIAL SECURITY NUMBER

- -

39. Form 500 UET (Estimated tax penalty) 500 UET exception attached 39.

, , .

40. (If you owe) Add Lines 27, 30 thru 39
MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE.. 40.

, , .

Amount Due Mail To:
 GEORGIA DEPARTMENT OF REVENUE
 PROCESSING CENTER, PO BOX 740399
 ATLANTA, GA 30374-0399

41. (If you are due a refund) Subtract the sum of Lines 29 thru 39 from Line 28
THIS IS YOUR REFUND..... 41.

, , .

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

41a. Direct Deposit (U.S. Accounts Only)

Type: Checking

Routing Number

Savings

Account Number

Refund Due Mail To:
 GEORGIA DEPARTMENT OF REVENUE
 PROCESSING CENTER, PO BOX 740380
 ATLANTA, GA 30374-0380

INCLUDE ALL ITEMS IN 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)

Date

- -

Date

- -

Taxpayer's Phone Number

- -

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

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

Signature of Preparer

Name of Preparer Other Than Taxpayer

Preparer's Firm Name

Preparer's Phone Number

- -

Preparer's FEIN

-

Preparer's SSN/PTIN/SIDN

- -