



2000405911

Georgia Form 500 (Rev. 06/20/19)

Individual Income Tax Return

Georgia Department of Revenue

2019 (Approved booklet version)

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

9 8 7 6 5 4 3 2 1 0

Page **1**Fiscal Year
Beginning--STATE
ISSUEDFiscal Year
Ending--YOUR DRIVER'S
LICENSE/STATE ID

YOUR FIRST NAME

MI

YOUR SOCIAL SECURITY NUMBER

1. --

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

SUFFIX

SPOUSE'S FIRST NAME

MI

SPOUSE'S SOCIAL SECURITY NUMBER

--

LAST NAME

SUFFIX

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) ☐ CHECK IF ADDRESS HAS CHANGED2.

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

STATE

ZIP CODE

3. -

(COUNTRY IF FOREIGN)

DEPARTMENT USE ONLY

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

Residency Status

4.

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).....

Filing Status

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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YOUR SOCIAL SECURITY NUMBER

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"/> <input type="text"/>
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"/> <input type="text"/>
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"/> <input type="text"/>
15a.	Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14)....	15a.	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
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.	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
15c.	Georgia Taxable Income (Line 15a less Line 15b).....	15c.	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
16.	Tax (Use the 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"/>
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"/> <input type="text"/>
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"/>
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"/>
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"/>
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"/>
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"/>

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						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"/> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>						2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>						2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
3. EMPLOYER/PAYER STATE WITHHOLDING ID <div style="border: 1px solid black; height: 20px; width: 100%;"></div>						3. EMPLOYER/PAYER STATE WITHHOLDING ID <div style="border: 1px solid black; height: 20px; width: 100%;"></div>						3. EMPLOYER/PAYER STATE WITHHOLDING ID <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
4. GA WAGES / INCOME <div style="border: 1px solid black; padding: 2px;"> </div>						4. GA WAGES / INCOME <div style="border: 1px solid black; padding: 2px;"> </div>						4. GA WAGES / INCOME <div style="border: 1px solid black; padding: 2px;"> </div>					
5. GA TAX WITHHELD <div style="border: 1px solid black; padding: 2px;"> </div>						5. GA TAX WITHHELD <div style="border: 1px solid black; padding: 2px;"> </div>						5. GA TAX WITHHELD <div style="border: 1px solid black; padding: 2px;"> </div>					

INCOME STATEMENT DETAILS CONTINUED ON PAGE 4.

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Individual Income Tax Return
Georgia Department of Revenue
2019



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YOUR SOCIAL SECURITY NUMBER

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. (If you owe) Add Lines 28, 31 thru 40
MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE.. 41.

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

42. (If you are due a refund) Subtract the sum of Lines 30 thru 40 from Line 29
THIS IS YOUR REFUND..... 42.

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

42a. Direct Deposit (U.S. Accounts Only)

Type: Checking ☐

Savings ☐

Routing

Number

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

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