



2100404112

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

Individual Income Tax Return

Georgia Department of Revenue

**2020** (Approved web 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)

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

Residency Status

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

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 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. **ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING**



YOUR SOCIAL SECURITY NUMBER  
[ ][ ]-[ ][ ]-[ ][ ][ ][ ]

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

<b>First Name, MI.</b> <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	<b>Last Name</b> <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>
<b>Social Security Number</b> <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	<b>Relationship to You</b> <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>

<b>First Name, MI.</b> <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	<b>Last Name</b> <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>
<b>Social Security Number</b> <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	<b>Relationship to You</b> <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>

<b>First Name, MI.</b> <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	<b>Last Name</b> <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>
<b>Social Security Number</b> <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	<b>Relationship to You</b> <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>

<b>First Name, MI.</b> <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	<b>Last Name</b> <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>
<b>Social Security Number</b> <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	<b>Relationship to You</b> <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>

**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.	[ ][ ] , [ ][ ][ ] , [ ][ ][ ] . 00
(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.	[ ][ ] , [ ][ ][ ] , [ ][ ][ ] . 00
10. Georgia adjusted gross income (Net total of Line 8 and Line 9)..... 10.	[ ][ ] , [ ][ ][ ] , [ ][ ][ ] . 00
11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION)..... 11a.	[ ][ ] , [ ][ ][ ] , [ ][ ][ ] . 00
(See IT-511 Tax Booklet)	
b. Self: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/> Total <input type="checkbox"/> x 1,300=..... 11b.	[ ][ ] , [ ][ ][ ] , [ ][ ][ ] . 00
Spouse: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/>	[ ][ ] , [ ][ ][ ] , [ ][ ][ ] . 00
c. Total Standard Deduction (Line 11a + Line 11b)..... 11c.	[ ][ ] , [ ][ ][ ] , [ ][ ][ ] . 00
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.	[ ][ ] , [ ][ ][ ] , [ ][ ][ ] . 00
b. Less adjustments: (See IT-511 Tax Booklet) ..... 12b.	[ ][ ] , [ ][ ][ ] , [ ][ ][ ] . 00
c. Georgia Total Itemized Deductions..... 12c.	[ ][ ] , [ ][ ][ ] , [ ][ ][ ] . 00
13. Subtract either Line 11c or Line 12c from Line 10; enter balance..... 13.	[ ][ ] , [ ][ ][ ] , [ ][ ][ ] . 00

**Georgia Form 500**  
Individual Income Tax Return  
Georgia Department of Revenue  
**2020**



2100404132

YOUR SOCIAL SECURITY NUMBER

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Page **3**

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

**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></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
3. EMPLOYER/PAYER STATE WITHHOLDING ID <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	3. EMPLOYER/PAYER STATE WITHHOLDING ID <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	3. EMPLOYER/PAYER STATE WITHHOLDING ID <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
4. GA WAGES / INCOME <div></div> <div></div> , <div></div> <div></div> , <div></div> <div></div> .00	4. GA WAGES / INCOME <div></div> <div></div> , <div></div> <div></div> , <div></div> <div></div> .00	4. GA WAGES / INCOME <div></div> <div></div> , <div></div> <div></div> , <div></div> <div></div> .00
5. GA TAX WITHHELD <div></div> <div></div> , <div></div> <div></div> , <div></div> <div></div> .00	5. GA TAX WITHHELD <div></div> <div></div> , <div></div> <div></div> , <div></div> <div></div> .00	5. GA TAX WITHHELD <div></div> <div></div> , <div></div> <div></div> , <div></div> <div></div> .00

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

**ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING**



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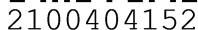
YOUR SOCIAL SECURITY NUMBER

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Page **4**










(INCOME STATEMENT D)	(INCOME STATEMENT E)	(INCOME STATEMENT F)
<b>1. WITHHOLDING TYPE:</b> <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	<b>1. WITHHOLDING TYPE:</b> <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	<b>1. WITHHOLDING TYPE:</b> <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
<b>2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/></b> <div></div>	<b>2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/></b> <div></div>	<b>2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/></b> <div></div>
<b>3. EMPLOYER/PAYER STATE WITHHOLDING ID</b> <div></div>	<b>3. EMPLOYER/PAYER STATE WITHHOLDING ID</b> <div></div>	<b>3. EMPLOYER/PAYER STATE WITHHOLDING ID</b> <div></div>
<b>4. GA WAGES / INCOME</b> <div></div>	<b>4. GA WAGES / INCOME</b> <div></div>	<b>4. GA WAGES / INCOME</b> <div></div>
<b>5. GA TAX WITHHELD</b> <div></div>	<b>5. GA TAX WITHHELD</b> <div></div>	<b>5. GA TAX WITHHELD</b> <div></div>

23. Georgia Income Tax Withheld on Wages and 1099s ..... (Enter Tax Withheld Only and include W-2s and/or 1099s)	23.	<div></div>
24. Other Georgia Income Tax Withheld..... (Must include G2-A, G2-FL, G2-LP and/or G2-RP)	24.	<div></div>
25. Estimated Tax paid for 2020 and Form IT-560 .....	25.	<div></div>
26. Schedule 2B Refundable Tax Credits..... (Cannot be claimed unless filed electronically)	26.	<div></div>
27. Total prepayment credits (Add Lines 23, 24, 25 and 26).....	27.	<div></div>
28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter balance due.....	28.	<div></div>
29. If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter overpayment .....	29.	<div></div>
30. Amount to be credited to 2021 ESTIMATED TAX .....	30.	<div></div>
31. Georgia Wildlife Conservation Fund (No gift of less than \$1.00).....	31.	<div></div>
32. Georgia Fund for Children and Elderly (No gift of less than \$1.00).....	32.	<div></div>
33. Georgia Cancer Research Fund (No gift of less than \$1.00) .....	33.	<div></div>
34. Georgia Land Conservation Program (No gift of less than \$1.00).....	34.	<div></div>
35. Georgia National Guard Foundation (No gift of less than \$1.00) .....	35.	<div></div>
36. Dog & Cat Sterilization Fund (No gift of less than \$1.00).....	36.	<div></div>
37. Saving the Cure Fund (No gift of less than \$1.00).....	37.	<div></div>
38. Realizing Educational Achievement Can Happen (REACH) Program .....	38.	<div></div>
(No gift of less than \$1.00)		



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Page 5

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

- 42.

.    .    . 00

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**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.

☐ (Check box if deceased)☐ (Check box if deceased)

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

[illegible][illegible][illegible]

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**Schedule 1**  
**Adjustments to Income**  
**2020** (Approved web version)



YOUR SOCIAL SECURITY NUMBER

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**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.			,			,				.00												
2. Lump Sum Distributions.....	2.			,			,				.00												
3. Reserved.....	3.																						
4. Net operating loss carryover deducted on Federal return.....	4.			,			,				.00												
5. Other (Specify) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													5.			,			,				.00
6. Total Additions (Enter sum of Lines 1-5 here).....	6.			,			,				.00												

**SUBTRACTION from INCOME**

7. Retirement Income Exclusion (See IT-511 Tax Booklet) Complete Schedule 1, page 2 if claiming Retirement Income Exclusion.

a. Self: Date of Birth <table border="1"><tr><td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>			-			-							Date of Disability: <table border="1"><tr><td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>			-			-							Type of Disability: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													7a.			,				.00
		-			-																																									
		-			-																																									
b. Spouse: Date of Birth <table border="1"><tr><td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>			-			-							Date of Disability: <table border="1"><tr><td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>			-			-							Type of Disability: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													7b.			,				.00
		-			-																																									
		-			-																																									

8. Social Security Benefits (Taxable portion from Federal return).....	8.			,			,				.00
9. Path2College 529 Plan .....	9.			,			,				.00
10. Interest on United States Obligations (See IT-511 Tax Booklet) .....	10.			,			,				.00
11. Reserved .....	11.										

12. Other Adjustments (Specify)

Adjustment	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													Amount			,			,				.00
Adjustment	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													Amount			,			,				.00
Adjustment	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													Amount			,			,				.00
Adjustment	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													Amount			,			,				.00
Total.....		12.			,			,			.00													

13. Total Subtractions (Enter sum of Lines 7-12 here) .....	13.			,			,				.00
14. Net Adjustments (Line 6 less Line 13). Enter Net Total here and on Line 9 of Page 2 (+ or -) of Form 500 or 500X .....	14.			,			,				.00



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YOUR SOCIAL SECURITY NUMBER

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**SCHEDULE 1 RETIREMENT INCOME EXCLUSION**

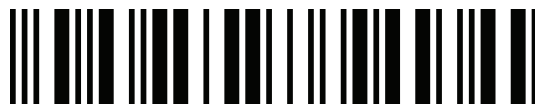
See IT-511 Tax Booklet

(TAXPAYER)

(SPOUSE)

1. Salary and wages.....	<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 type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . 00
2. Other Earned Income (Losses).....	<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 type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . 00
3. Total Earned 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 type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . 00
4. Maximum Earned Income.....	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> 4 , 0 0 0 . 00	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> 4 , 0 0 0 . 00
5. Small of Line 3 or 4; if zero or less, enter zero .....	<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 type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . 00
6. Interest 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 type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . 00
7. Dividend 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 type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . 00
8. Alimony.....	<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 type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . 00
9. Capital Gains (Losses).....	<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 type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . 00
10. Other Income (Losses)..... (See IT-511 Tax Booklet)	<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 type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . 00
11. Taxable IRA Distributions.....	<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 type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . 00
12. Taxable Pensions .....	<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 type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . 00
13. Rental, Royalty, Partnership, S Corp, etc. Income (Losses).....(See IT-511 Tax Booklet)	<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 type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . 00
14. Total of Lines 6 through 13; if zero or less, enter zero .....	<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 type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . 00
15. Add Lines 5 and 14 .....	<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 type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . 00
16. Maximum Allowable Exclusion* .....	<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 type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . 00
17. Smaller of Lines 15 and 16; enter here and on Form 500, Schedule 1, Lines 7A & B.....	<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 type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . 00

\*If age 62-64 or less than age 62 and permanently disabled enter \$35,000, or if age 65 or older enter \$65,000.



2107304112

YOUR SOCIAL SECURITY NUMBER

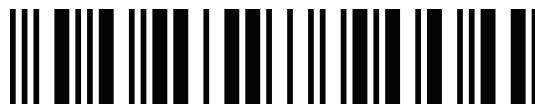
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► SCHEDULE 2 GEORGIA TAX CREDIT USAGE AND CARRYOVER

See IT-511 Tax Booklet

TO  
CLAIM  
SERIES 100 TAX  
CREDITS YOU  
MUST FILE  
ELECTRONICALLY





2107304122

YOUR SOCIAL SECURITY NUMBER

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► SCHEDULE 2B REFUNDABLE TAX CREDITS

See IT-511 Tax Booklet

TO  
CLAIM  
SERIES 100 TAX  
CREDITS YOU  
MUST FILE  
ELECTRONICALLY

## Georgia Form 500

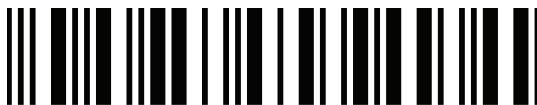
(Rev. 06/20/20)

## Schedule 3

## Part-Year Nonresident

2020

(Approved web version)



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Schedule 3

Page 1

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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 [ ][ ] , [ ][ ][ ] , [ ][ ][ ] . 00	1. WAGES, SALARIES, TIPS, etc [ ][ ] , [ ][ ][ ] , [ ][ ][ ] . 00	1. WAGES, SALARIES, TIPS, etc [ ][ ] , [ ][ ][ ] , [ ][ ][ ] . 00
2. INTEREST AND DIVIDENDS [ ][ ] , [ ][ ][ ] , [ ][ ][ ] . 00	2. INTEREST AND DIVIDENDS [ ][ ] , [ ][ ][ ] , [ ][ ][ ] . 00	2. INTEREST AND DIVIDENDS [ ][ ] , [ ][ ][ ] , [ ][ ][ ] . 00
3. BUSINESS INCOME OR (LOSS) [ ][ ] , [ ][ ][ ] , [ ][ ][ ] . 00	3. BUSINESS INCOME OR (LOSS) [ ][ ] , [ ][ ][ ] , [ ][ ][ ] . 00	3. BUSINESS INCOME OR (LOSS) [ ][ ] , [ ][ ][ ] , [ ][ ][ ] . 00
4. OTHER INCOME OR (LOSS) [ ][ ] , [ ][ ][ ] , [ ][ ][ ] . 00	4. OTHER INCOME OR (LOSS) [ ][ ] , [ ][ ][ ] , [ ][ ][ ] . 00	4. OTHER INCOME OR (LOSS) [ ][ ] , [ ][ ][ ] , [ ][ ][ ] . 00
5. TOTAL INCOME: TOTAL LINES 1 THRU 4 [ ][ ] , [ ][ ][ ] , [ ][ ][ ] . 00	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 [ ][ ] , [ ][ ][ ] , [ ][ ][ ] . 00	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 [ ][ ] , [ ][ ][ ] , [ ][ ][ ] . 00
6. TOTAL ADJUSTMENTS FROM FORM 1040 [ ][ ] , [ ][ ][ ] , [ ][ ][ ] . 00	6. TOTAL ADJUSTMENTS FROM FORM 1040 [ ][ ] , [ ][ ][ ] , [ ][ ][ ] . 00	6. TOTAL ADJUSTMENTS FROM FORM 1040 [ ][ ] , [ ][ ][ ] , [ ][ ][ ] . 00
7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1 [ ][ ] , [ ][ ][ ] , [ ][ ][ ] . 00	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1 [ ][ ] , [ ][ ][ ] , [ ][ ][ ] . 00	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1 [ ][ ] , [ ][ ][ ] , [ ][ ][ ] . 00
8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 [ ][ ] , [ ][ ][ ] , [ ][ ][ ] . 00	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 [ ][ ] , [ ][ ][ ] , [ ][ ][ ] . 00	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 [ ][ ] , [ ][ ][ ] , [ ][ ][ ] . 00

9. RATIO: Divide Line 8, Column C by Line 8, Column A. Enter percentage.....

9. [ ][ ] . [ ][ ] % Not to exceed 100%

10a. Itemized ☐ or Standard Deduction ☐ (See IT-511 Tax Booklet).....

10a. [ ][ ] , [ ][ ][ ] , [ ][ ][ ] . 00

10b. Additional Standard Deduction

Self: 65 or over? ☐ Blind? ☐ Spouse: 65 or over? ☐ Blind? ☐ Total ☐ x 1,300=

10b. [ ][ ] , [ ][ ][ ] , [ ][ ][ ] . 00

11. Personal Exemption from Form 500 (See IT-511 Tax Booklet)

11a. Enter the number on Line 6c. from Form 500 or 500X ☐ multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C

11a. [ ][ ] , [ ][ ][ ] , [ ][ ][ ] . 00

11b. Enter the number on Line 7a. from Form 500 or 500X ☐ multiply by \$3,000...

11b. [ ][ ] , [ ][ ][ ] , [ ][ ][ ] . 00

12. Total Deductions and Exemptions: Add Lines 10a, 10b, 11a, and 11b.....

12. [ ][ ] , [ ][ ][ ] , [ ][ ][ ] . 00

13. Multiply Line 12 by Ratio on Line 9 and enter result .....

13. [ ][ ] , [ ][ ][ ] , [ ][ ][ ] . 00

14. Income before GA NOL: Subtract Line 13 from Line 8, Column C

14. [ ][ ] , [ ][ ][ ] , [ ][ ][ ] . 00

Enter here and on Line 15a, Page 3 of Form 500 or Form 500X.....

Form **IND-CR 201**

State of Georgia Individual Credit Form  
Georgia Department of Revenue

**2020** (Rev. 06/20/20) (Approved web version)



2108004114

Page **1**

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YOUR SOCIAL SECURITY NUMBER

– Include with Form 500 or 500X, if this schedule is applicable.–

**SCHEDULE 201 Disabled Person Home Purchase or Retrofit Credit - Tax Credit 201**

**Disabled Person Home Purchase or Retrofit Credit - Tax Credit 201**

O.C.G.A. § 48-7-29.1 provides a disabled person credit equal to the lesser of \$500 per residence or the taxpayer's income tax liability for the purchase of a new single-family home that contains all of the accessibility features listed below. It also provides a credit equal to the lesser of the cost or \$125 to retrofit an existing single-family home with one or more of these features. The disabled person must be the taxpayer or the taxpayer's spouse if a joint return is filed. Qualified features are:

- One no-step entrance allowing access into the residence.
- Interior passage doors providing at least a 32-inch-wide opening.
- Reinforcements in bathroom walls allowing installation of grab bars around the toilet, tub, and shower, where such facilities are provided.
- Light switches and outlets placed in accessible locations.

To qualify for this credit, the disabled person must be permanently disabled and have been issued a permanent parking permit by the Department of Revenue or have been issued a special permanent parking permit by the Department of Revenue.

This credit can be carried forward 3 years. For more information, see Regulation 560-7-8-.44.

- |   |    |  |
|---|----|--|
| 1. Credit remaining from previous years.....  | 1. | <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . 00 |
| 2. Purchase of a home that contains all four accessibility features <b>OR</b> total of accessibility features added to retrofit a home (up to \$125 per feature) cannot exceed \$500 per residence..... | 2. | <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . 00 |
| 3. Credit used this tax year (enter here and include on IND-CR Summary Worksheet Line 1).3.   |    | <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . 00 |
| 4. Potential carryover to next tax year (Line 1 plus Line 2 less Line 3) .....  | 4. | <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . 00 |

Form **IND-CR 202**

State of Georgia Individual Credit Form  
Georgia Department of Revenue

**2020** (Rev. 06/20/20) (Approved web version)



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Page **1**

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– Include with Form 500 or 500X, if this schedule is applicable. – YOUR SOCIAL SECURITY NUMBER

**SCHEDULE 202 Child and Dependent Care Expense Credit - Tax Credit 202**

**Child and Dependent Care Expense Credit - Tax Credit 202**

O.C.G.A. § 48-7-29.10 provides taxpayers with a credit for qualified child & dependent care expenses. The credit is a percentage of the credit claimed and allowed under Internal Revenue Code § 21 and claimed by the taxpayer on the taxpayer's Federal income tax return. This credit cannot be carried forward. The credit is computed as follows:

- |   |    |  |            |  |  |  |  |  |
|---|----|--|------------|--|--|--|--|--|
| 1. Amount of child & dependent care expense <u>credit</u> claimed on Federal Form 1040.       | 1. | <table border="1"><tr><td></td><td></td><td></td></tr></table> , <table border="1"><tr><td></td><td></td><td></td></tr></table> . 00 |            |  |  |  |  |  |
|   |    |  |            |  |  |  |  |  |
|   |    |  |            |  |  |  |  |  |
| 2. Georgia allowable rate .....   | 2. | <table border="1"><tr><td colspan="3"><b>30%</b></td></tr></table>   | <b>30%</b> |  |  |  |  |  |
| <b>30%</b>  |    |  |            |  |  |  |  |  |
| 3. Allowable Child & Dependent Care Expense Credit (Line 1 x .30).....                        | 3. | <table border="1"><tr><td></td><td></td><td></td></tr></table> , <table border="1"><tr><td></td><td></td><td></td></tr></table> . 00 |            |  |  |  |  |  |
|   |    |  |            |  |  |  |  |  |
|   |    |  |            |  |  |  |  |  |
| 4. Credit used this tax year (enter here and include on IND-CR Summary Worksheet Line 2)..... | 4. | <table border="1"><tr><td></td><td></td><td></td></tr></table> , <table border="1"><tr><td></td><td></td><td></td></tr></table> . 00 |            |  |  |  |  |  |
|   |    |  |            |  |  |  |  |  |
|   |    |  |            |  |  |  |  |  |

Form **IND-CR 203**

State of Georgia Individual Credit Form  
Georgia Department of Revenue

**2020** (Rev. 06/20/20) (Approved web version)



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YOUR SOCIAL SECURITY NUMBER

– Include with Form 500 or 500X, if this schedule is applicable. –

**SCHEDULE 203 Georgia National Guard/Air National Guard Credit - Tax Credit 203**

**Georgia National Guard/Air National Guard Credit - Tax Credit 203**

O.C.G.A. § 48-7-29.9 provides a tax credit for Georgia residents who are members of the National Guard or Air National Guard and are on active duty full time in the United States Armed Forces, or active duty training in the United States Armed Forces for a period of more than 90 consecutive days. The credit shall be claimed and allowed in the year in which the majority of such days are served. In the event an equal number of consecutive days are served in two calendar years, then the exclusion shall be claimed and allowed in the year in which the ninetieth day occurs. The credit shall apply with respect to each taxable year in which such member serves for such qualifying period of time. The credit cannot exceed the amount expended for qualified life insurance premiums nor the taxpayer's income tax liability. Qualified life insurance premiums are the premiums paid for insurance coverage through the service member's Group Life Insurance Program administered by the United States Department of Veterans Affairs. Any unused tax credit is allowed to be carried forward to the taxpayer's succeeding year's tax liability.

- |   |    |  |
|---|----|--|
| 1. Credit remaining from previous years.....  | 1. | <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"/> . 00 |
| 2. Enter amount of qualified life insurance premiums .....                                    | 2. | <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"/> . 00 |
| 3. Credit used this tax year (enter here and include on IND-CR Summary Worksheet Line 3)..... | 3. | <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"/> . 00 |
| 4. Carryover to next tax year (Line 1 plus Line 2 less Line 3).....                           | 4. | <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"/> . 00 |



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**– Include with Form 500 or 500X, if this schedule is applicable. –**

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**YOUR SOCIAL SECURITY NUMBER**

**SCHEDULE 204 Qualified Caregiving Expense Credit - Tax Credit 204**

## Qualified Caregiving Expense Credit - Tax Credit 204

O.C.G.A. § 48-7-29.2 provides a qualified caregiving expense credit equal to 10 percent of the cost of qualified caregiving expenses for a qualifying family member. The credit cannot exceed \$150. Qualified services include Home health agency services, personal care services, personal care attendant services, homemaker services, adult day care, respite care, or health care equipment and other supplies which have been determined by a physician to be medically necessary. Services must be obtained from an organization or individual not related to the taxpayer or the qualifying family member.

The qualifying family member must be at least age 62 or been determined disabled by the Social Security Administration. A qualifying family member includes the taxpayer or an individual who is related to the taxpayer by blood, marriage or adoption. Qualified caregiving expenses do not include expenses that were subtracted to arrive at Georgia net taxable income or for which amounts were excluded from Georgia net taxable income. There is no carryover or carry-back available. The credit cannot exceed the taxpayer's income tax liability. For more information, see Regulation 560-7-8-.43.

**Qualifying Family Member Name:**

[illegible]

SS# [ ] [ ] [ ] - [ ] [ ] [ ] - [ ] [ ] [ ] Relationship [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Age, if 62 or over 

--	--	--

If disabled, date of disability 

		-			-				
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**Additional Qualifying Family Member Name, if applicable:**

[illegible][illegible]

Age, if 62 or over 

--	--	--

 If disabled, date of disability 

		-			-		
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- |   |    |  |
|---|----|--|
| 1. Qualified caregiving expenses.....   | 1. | <div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div> . 00 |
| 2. Percentage limitation.....   | 2. | <b>10%</b>   |
| 3. Line 1 multiplied by Line 2.....   | 3. | <div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div> . 00 |
| 4. Maximum credit.....  | 4. | <div><div><div>1</div><div>5</div><div>0</div></div></div> . 00                                  |
| 5. Enter the lesser of Line 3 or Line 4 .....   | 5. | <div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div> . 00 |
| 6. Credit used this tax year (enter here and include on IND-CR Summary Worksheet Line 4)..... | 6. | <div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div> . 00 |



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**– Include with Form 500 or 500X, if this schedule is applicable. –**

**YOUR SOCIAL SECURITY NUMBER**

**SCHEDULE 206 Disaster Assistance Credit - Tax Credit 206**

## Disaster Assistance Credit - Tax Credit 206

O.C.G.A. § 48-7-29.4 provides for a credit for a taxpayer who receives disaster assistance during a taxable year from the Georgia Emergency Management and Homeland Security Agency or the Federal Emergency Management Agency. The amount of the credit is equal to \$500 or the actual amount of the disaster assistance, whichever is less. The credit cannot exceed the taxpayer's income tax liability. Any unused tax credit can be carried forward to the succeeding years' tax liability but cannot be carried back to the prior years' tax liability. The approval letter from the disaster assistance agency must be enclosed with the return.

The following types of assistance qualify:

- Grants from the Department of Human Services' Individual and Family Grant Program.
- Grants from GEMA/HS and/or FEMA.
- Loans from the Small Business Administration that are due to disasters declared by the President or Governor.

Disaster assistance agency

[illegible]

- |   |    |   |
|---|----|---|
| 1. Credit remaining from previous years.....  | 1. | <div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div> . 00                            |
| 2. Date assistance was received.....  | 2. | <div><div></div><div></div><div>-</div><div></div><div></div><div>-</div><div></div><div></div><div></div><div></div></div> |
| 3. Amount of the disaster assistance received.....  | 3. | <div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div> . 00                            |
| 4. Maximum credit.....  | 4. | <div><div></div><div></div><div></div></div> <b>500</b> . 00  |
| 5. Enter the lesser of Line 3 or Line 4.....  | 5. | <div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div> . 00                            |
| 6. Credit used this tax year (enter here and include in IND-CR Summary Worksheet Line 6)..... | 6. | <div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div> . 00                            |
| 7. Carryover to next tax year (Line 1 plus Line 5 less Line 6) .....                          | 7. | <div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div> . 00                            |

# Form IND-CR 207

State of Georgia Individual Credit Form  
Georgia Department of Revenue

**2020** Rev. 06/20/20) (Approved booklet version)



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– Include with Form 500 or 500X, if this schedule is applicable. –

YOUR SOCIAL SECURITY NUMBER

## SCHEDULE 207 Rural Physicians Credit - Tax Credit 207

### Rural Physicians Credit - Tax Credit 207

O.C.G.A. § 48-7-29 provides for a \$5,000 tax credit for rural physicians. The tax credit may be claimed for not more than five years. There is no carryover or carry-back available. The credit cannot exceed the taxpayer's income tax liability. In order to qualify, the physician must meet the following conditions:

1. The physician must have started working in a rural county after July 1, 1995. If the physician worked in a rural county prior to that date, a period of at least three years must have elapsed before the physician returns to work in a rural county.
2. The physician must practice and reside in a rural county. For taxable years beginning on or after January 1, 2003, a physician qualifies for the credit if they practice in a rural county and reside in a county contiguous to a rural county. A rural county is defined as one with 65 or fewer persons per square mile according to the United States Decennial Census of 1990 or any future such census. For taxable years beginning on or after January 1, 2012, the United States Decennial Census of 2010 is used (see regulation 560-7-8-.20 for transition rules). A listing of rural counties for purposes of the rural physicians credit may be obtained at the following web page: [dor.georgia.gov](http://dor.georgia.gov)
3. The physician must be licensed to practice medicine in Georgia, primarily admit patients to a rural hospital, and practice in the fields of family practice, obstetrics and gynecology, pediatrics, internal medicine, or general surgery. A rural hospital is defined as an acute-care hospital located in a rural county that contains 80 or fewer beds. For taxable years beginning on or after January 1, 2003, a rural hospital is defined as an acute-care hospital located in a rural county that contains 100 or fewer beds. For more information, see Regulation 560-7-8-.20.

Only enter the information for the taxpayer and/or the spouse if they are a rural physician.

Taxpayer	Spouse																																								
1. County of residence <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					1. County of residence <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
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3. Type of practice <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					3. Type of practice <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
4. Date started working as a rural physician <table border="1"><tr><td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>			-			-							4. Date started working as a rural physician <table border="1"><tr><td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>			-			-																						
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5. Number of hospital beds in the rural hospital <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					5. Number of hospital beds in the rural hospital <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>																																				

6. Rural physicians credit, enter \$5,000 per rural physician..... 6. 

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7. Credit used this tax year (enter here and include on IND-CR Summary Worksheet Line 7)..... 7. 

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Form **IND-CR 208**

State of Georgia Individual Credit Form  
Georgia Department of Revenue

**2020** (Rev. 06/20/20) (Approved web version)



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Page **1**

– Include with Form 500 or 500X, if this schedule is applicable. –

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YOUR SOCIAL SECURITY NUMBER

**SCHEDULE 208 Adoption of a Foster Child Credit - Tax Credit 208**

**Adoption of a Foster Child Credit - Tax Credit 208**

Georgia Code Section 48-7-29.15 provides an income tax credit for the adoption of a qualified foster child. The amount of the credit is \$2,000 per qualified foster child per taxable year, commencing with the year in which the adoption becomes final, and ending in the year in which the adopted child attains the age of 18. This credit applies to adoptions occurring in the taxable years beginning on or after January 1, 2008. Any unused credit can be carried forward until used.

- |   |    |   |
|---|----|---|
| 1. Credit remaining from previous years.....  | 1. | <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00 |
| 2. Enter \$2,000 per qualified foster child.....  | 2. | <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00 |
| 3. Credit used this tax year (enter here and include on IND-CR Summary Worksheet Line 8)..... | 3. | <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00 |
| 4. Carryover to next year (Line 1 plus Line 2 less Line 3).....                               | 4. | <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00 |



**– Include with Form 500 or 500X, if this schedule is applicable. –**

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**YOUR SOCIAL SECURITY NUMBER**

**SCHEDULE 209 Eligible Single-Family Residence Tax Credit - Tax Credit 209**

## Eligible Single-Family Residence Tax Credit - Tax Credit 209

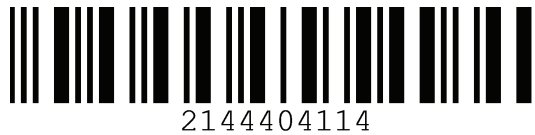
O.C.G.A. § 48-7-29.17 provides taxpayers a credit for the purchase of an eligible single-family residence located in Georgia. An eligible single-family residence is a single-family structure (including a condominium unit as defined in O.C.G.A. § 44-3-71) that is occupied for residential purposes by a single family, that is:

- a) Any residence (including a new residence, one occupied at the time of sale, or a previously occupied residence) that was for sale prior to May 11, 2009 and that remained for sale after May 11, 2009; or
- b) A residence with respect to which a foreclosure event has taken place and which is owned by the mortgagor or the mortgagor's agent; or
- c) An owner-occupied residence with respect to which the owner's acquisition indebtedness was in default on or before March 1, 2009. Acquisition indebtedness is debt incurred in acquiring, constructing, or substantially improving a qualified residence and which is secured by such residence. Refinanced debt is acquisition debt if at least a portion of such debt refinances the principal amount of existing acquisition indebtedness.

A taxpayer is allowed the tax credit for a purchase of one eligible single-family residence made between June 1, 2009 and November 30, 2009. The credit amount is the lesser of 1.2 percent of the purchase price of the eligible single-family residence or \$1,800.00. The amount of the tax credit that may be claimed and allowed in a single tax year cannot exceed the lesser of 1/3 of the credit or the taxpayer's income tax liability. Any unused tax credit can be carried forward but cannot be carried back.

The taxpayer must have claimed the credit in 2009 in order to claim the unused credit below.

- |   |    |  |
|---|----|--|
| 1. Total credit. (Enter amount from 2009 IND-CR, Part 9, Line 5.).....                        | 1. | <div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div> . 00 |
| 2. Maximum allowed per year.....  | 2. | <div><div><div>33.33%</div></div></div>  |
| 3. Maximum credit allowed, (multiply Line 1 by Line 2).....                                   | 3. | <div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div> . 00 |
| 4. Enter unused credit (Total credit less amounts used in previous years).....                | 4. | <div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div> . 00 |
| 5. Credit allowed, lesser of Line 3 or Line 4.....  | 5. | <div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div> . 00 |
| 6. Credit used this tax year (enter here and include on IND-CR Summary Worksheet Line 9)..... | 6. | <div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div> . 00 |
| 7. Carryover to next tax year (Line 4 less Line 6).....                                       | 7. | <div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div> . 00 |



**2020** Rev. 06/20/20 (Approved booklet version)

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YOUR SOCIAL SECURITY NUMBER

– Include with Form 500 or 500X, if this schedule is applicable. –

**SCHEDULE 212 Community Based Faculty Preceptor Tax Credit - Tax Credit 212**

**Community Based Faculty Preceptor Tax Credit - Tax Credit 212**

O.C.G.A. § 48-7-29.22 provides an income tax credit for a community based faculty preceptor that conducts a preceptorship rotation(s). This tax credit is applicable for taxable years beginning on or after January 1, 2019 and ending on or before December 31, 2023.

For a community based faculty preceptor who is a physician as defined in O.C.G.A. § 43-34-21, the credit shall accrue on a per preceptorship rotation basis in the amount of \$500 for the first, second, or third preceptorship rotation and \$1,000 for the fourth, fifth, sixth, seventh, eighth, ninth, or tenth preceptorship rotation completed in one calendar year. For a community based faculty preceptor who is an advanced practice registered nurse as defined in O.C.G.A. § 43-26-3 or a physician assistant as defined in O.C.G.A. § 43-34-102, the credit shall accrue on a per preceptorship rotation basis in the amount of \$375 for the first, second, or third preceptorship rotation and \$750 for the fourth, fifth, sixth, seventh, eighth, ninth, or tenth preceptorship rotation completed in one calendar year. An individual shall not accrue credit for more than ten preceptorship rotations in one calendar year. The credit cannot be carried forward and cannot be carried back. Certification from the Area Health Education Centers Program Office at Augusta University must be enclosed with the return.

By filing this form I certify that I did not receive payment during such tax year from any source for the training of a medical student, advanced practice registered nurse student, or physician assistant student.

**A. Community Based Faculty Preceptor Tax Credit for a physician**

**First through Third Rotation**

1. Number of Rotations (enter no more than 3)  X **500**.<sup>00</sup> 1. , <sup>00</sup>  
(not to exceed \$1,500).....

**Fourth through Tenth Rotation**

2. Number of Rotations (enter no more than 7)  X **1,000**.<sup>00</sup> 2. , <sup>00</sup>  
(not to exceed \$7,000) .....

3. Add Line 1 and Line 2, Current Year Credit Amount (cannot exceed \$8,500)..... 3. , <sup>00</sup>

**B. Community Based Faculty Preceptor Tax Credit for an advanced practice registered nurse or physician assistant.**

**First through Third Rotation**

1. Number of Rotations (enter no more than 3)  X **375**.<sup>00</sup> 1. , <sup>00</sup>  
(not to exceed \$1,125).....

**Fourth through Tenth Rotation**

2. Number of Rotations (enter no more than 7)  X **750**.<sup>00</sup> 2. , <sup>00</sup>  
(not to exceed \$5,250).....

3. Add Line 1 and Line 2, Current Year Credit Amount (cannot exceed \$6,375)..... 3. , <sup>00</sup>

**C. Community Based Faculty Preceptor Tax Credit Total**

1. Credit used this year (enter no more than the total of Line A3 and Line B3)(enter here and include on IND-CR Summary Worksheet Line 10)..... 1. , <sup>00</sup>

# Georgia Form IND-CR

Summary Worksheet (Rev. 06/20/20)  
State of Georgia Individual Credit Form  
Georgia Department of Revenue

**2020** (Approved web version)



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Page **1**

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YOUR SOCIAL SECURITY NUMBER

1. Only Georgia Individual Tax Credits (series 200) are claimed on Form IND-CR supporting schedules (IND-CR 201 through 212).
2. Enter the amount of credit used for the current tax year from each applicable IND-CR schedules on Lines 1-10.
3. If there is a credit remaining from previous years eligible for carryover for this tax year, the supporting IND-CR schedule must be completed even if the credit is not used for this tax year.
4. The total of Line 11 should be entered on Form 500 or Form 500X, Page 3, Line 19.
5. **All applicable IND-CR schedules must be attached to Form 500 or Form 500X for the credit(s) to be allowed on the return.**

Note: The other state(s) tax credit and low income credit are claimed directly on Form 500. Series 100 Georgia tax credits (except Schedule 2B refundable tax credits) are claimed on Form 500 Schedule 2 and returns that include the series 100 credits must be filed electronically.

The total credit amount used from the low income credit, the other state(s) tax credit, all IND-CR schedules, and all Schedule 2s cannot exceed the tax liability listed on Line 16 of Form 500 or 500X.

## IND-CR SUMMARY SCHEDULE WORKSHEET

1. Disabled Person Home Purchase or Retrofit Credit (IND-CR 201, Line 3) .....	1.	<table border="1"><tr><td></td><td></td><td></td></tr></table> , <table border="1"><tr><td></td><td></td><td></td></tr></table> . 00						
2. Child and Dependent Care Expense Credit (IND-CR 202, Line 4) .....	2.	<table border="1"><tr><td></td><td></td><td></td></tr></table> , <table border="1"><tr><td></td><td></td><td></td></tr></table> . 00						
3. Georgia National Guard /Air National Guard Credit (IND-CR 203, Line 3) .....	3.	<table border="1"><tr><td></td><td></td><td></td></tr></table> , <table border="1"><tr><td></td><td></td><td></td></tr></table> . 00						
4. Qualified Caregiving Expense Credit (IND-CR 204, Line 6) .....	4.	<table border="1"><tr><td></td><td></td><td></td></tr></table> , <table border="1"><tr><td></td><td></td><td></td></tr></table> . 00						
5. Reserved .....	5.	<table border="1"><tr><td></td><td></td><td></td></tr></table>						
6. Disaster Assistance Credit (IND-CR 206, Line 6) .....	6.	<table border="1"><tr><td></td><td></td><td></td></tr></table> , <table border="1"><tr><td></td><td></td><td></td></tr></table> . 00						
7. Rural Physicians Credit (IND-CR 207, Line 7) .....	7.	<table border="1"><tr><td></td><td></td><td></td></tr></table> , <table border="1"><tr><td></td><td></td><td></td></tr></table> . 00						
8. Adoption of a Foster Child Credit (IND-CR 208, Line 3) .....	8.	<table border="1"><tr><td></td><td></td><td></td></tr></table> , <table border="1"><tr><td></td><td></td><td></td></tr></table> . 00						
9. Eligible Single-Family Residence Credit (IND-CR 209, Line 6) .....	9.	<table border="1"><tr><td></td><td></td><td></td></tr></table> , <table border="1"><tr><td></td><td></td><td></td></tr></table> . 00						
10. Community Based Faculty Preceptor Credit (IND-CR 212, Lines C1) .....	10.	<table border="1"><tr><td></td><td></td><td></td></tr></table> , <table border="1"><tr><td></td><td></td><td></td></tr></table> . 00						
11. Total of Lines 1 through 10 (Enter here and on Form 500/500X, Page 3 Line 19)	11.	<table border="1"><tr><td></td><td></td><td></td></tr></table> , <table border="1"><tr><td></td><td></td><td></td></tr></table> . 00						

**All applicable IND-CR Schedules (201, etc.) must be attached to Form 500 or Form 500X.**

**Keep IND-CR Summary Worksheet for your records.**