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

9 8 7 6 5 4 3 2 1 0

Georgia Form 500EZ (Rev. 06/20/20) Short Individual Income Tax Return Georgia Department of Revenue

2020 (Approved web version)

Page 1

STATE ISSUED

State issued box

YOUR DRIVER'S LICENSE/STATE ID

Driver's license/state ID box

YOUR SSN#

Your SSN# box

SPOUSE'S SSN#

Spouse's SSN# box

YOUR FIRST NAME

Your first name box

MI

MI box

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

Last name box

SUFFIX

Suffix box

SPOUSE'S FIRST NAME

Spouse's first name box

MI

MI box

LAST NAME

Spouse's last name box

SUFFIX

Spouse's suffix box

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

Address box

DEPARTMENT USE ONLY box

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

City box

STATE

State box

ZIP CODE

Zip code box

(COUNTRY IF FOREIGN)

Country box

Use Federal Adjusted Gross Income. NOT Federal Taxable Income, on Line 1 below

Table with 16 rows for tax calculations, including Adjusted Gross Income, tax withheld, and various Georgia state funds.



