



State of Georgia Department of Revenue



KEEP THESE INSTRUCTIONS AND WORKSHEET WITH YOUR RECORDS

Instructions

1. Download (free) the latest version of Adobe Reader.
adobe.com/products/acrobat/readstep2.html
2. Complete the worksheet below to automatically create your payment voucher.
3. Sign and date the payment voucher.
4. Click the "Print" button to print a completed IT560C payment voucher.
5. Cut the payment voucher along the dotted line and mail the voucher and your payment only to the address on the voucher.

DO NOT fold, staple or paper clip items being mailed.

DO NOT mail in the worksheet, keep this for your records.

IT560C Worksheet

1. FEI Number:										2. Income Tax Year:									
3. Beginning Date:					4. Ending Date:														
5. Corporation Name:																			
6. Street Address:																			
7. City:				8. State:				9. Zip:				-							
10. Select Type Of Return:				Composite:		<input type="checkbox"/>		Corporate:		<input type="checkbox"/>		Net Worth:		<input type="checkbox"/>					
11. Check if:					Address Change :		<input type="checkbox"/>		Name Change:		<input type="checkbox"/>								
12. Amount Paid:																			

IMPORTANT

THIS FORM IS TO BE USED BY **CORPORATE AND COMPOSITE TAXPAYERS** FOR PAYMENT OF INCOME TAX AND/OR NET WORTH TAX WHEN AN EXTENSION HAS BEEN REQUESTED OR IS ENFORCED.

Instructions for Form IT 560C

When a taxpayer receives an automatic extension of time in which to file a Federal return, Georgia will honor that extension. No penalty for late filing will be assessed if the Georgia return is filed by the extended due date of the Federal return. The extension is for filing the return and does not extend the time for paying the tax. The tax must be paid by the statutory due date. An extension of time for filing does not relieve the taxpayer of liability for interest or penalty for late payment of tax.

1. This form is to be used to submit any payment of tax when an extension is requested or enforced.
2. The amount paid with this form should be claimed on the completed return as credits and payments.
3. This form must be submitted with remittance to pay the tax that will be due as reflected on the final return. If the tax is not paid by the original due date of the return, a penalty of 1/2 of 1% per month of the tax due will be assessed as a late payment penalty. The addition of this penalty does not relieve the taxpayer of liability for interest due on the unpaid balance of tax.
4. The amount paid is to be credited as a payment on the liability that may be due as indicated on the completed return. 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.
5. If the due date falls on a weekend or holiday, the tax shall be due on the next day that is not a weekend or holiday.

For faster and more accurate posting to your account, use a payment voucher with a valid scanline from the Georgia Department of Revenue's website dor.georgia.gov or one produced by an approved software company listed at dor.georgia.gov/approved-software-vendors.

If you have any questions call: 1-877-423-6711

Make check payable to: Georgia Department of Revenue (Include FEI Number on check)

Mail the completed IT 560C with remittance to:

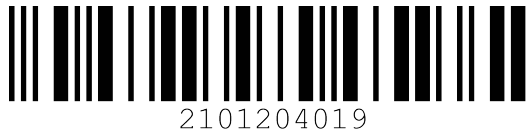
Processing Center
Georgia Department of Revenue
PO Box 740239
Atlanta, GA 30374-0239

PLEASE DO NOT mail this entire page. Please cut along dotted line and mail only voucher and payment.

PLEASE DO NOT STAPLE. PLEASE REMOVE ALL CHECK STUBS.

Cut along dotted line

IT 560 C (Rev. 05/29/20)
FOR CORPORATION AND COMPOSITE ONLY
Payment of Income Tax
Income/Net Worth Payment Voucher
Telephone No. 1-877-423-6711



MAIL TO:
Processing Center
Georgia Department of Revenue
P O Box 740239
Atlanta, Georgia 30374-0239

<input type="checkbox"/> Composite Tax	<input type="checkbox"/> Corporate Income Tax	<input type="checkbox"/> Net Worth Tax	<input type="checkbox"/> Address Change	<input type="checkbox"/> Name Change
FEI Number	Income Tax Year	Beginning Date	Ending Date	Vendor Code 040
Name (Type or print plainly the exact Corporation Name)			Signature of Officer or Agent	Title Date
Business Address		City	State	Zip Code

PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.

Amount Paid \$