



2200204113

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. 05/25/21) Short Individual Income Tax Return Georgia Department of Revenue 2021 (Approved web2 version)

YOUR SSN#

SPOUSE'S SSN#

Page 1

STATE ISSUED

YOUR DRIVER'S LICENSE/STATE ID

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

SPOUSE'S FIRST NAME MI LAST NAME SUFFIX

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

Address input fields

DEPARTMENT USE ONLY

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

(COUNTRY IF FOREIGN)

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 credits.



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Georgia Form 500EZ
Short Individual Income Tax Return
Georgia Department of Revenue
2021

YOUR SOCIAL SECURITY NUMBER

Grid for Social Security Number

Page 2

- 17. Realizing Educational Achievement Can Happen (REACH) Program (No gift less than \$1.00)
18. Public Safety Memorial Grant (No gift less than \$1.00)
19. Add Lines 10 thru Line 18, enter total here
20. (If you owe) Add Line 8 and Line 19. Complete and mail 525-TV with return and payment

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

- 21. (If you are due a refund) Subtract Line 19 from Line 9. THIS IS YOUR REFUND

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

21a. Direct Deposit (For 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

I/We declare under 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.

Taxpayer's Signature

Spouse's Signature

(Check box if deceased)

(Check box if deceased)

Taxpayer's Date of Death

Spouse's Date of Death

Taxpayer's Signature Date

Taxpayer's Phone Number

Spouse's Signature Date

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

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

Signature of Preparer

Name of Preparer Other Than Taxpayer

Preparer's Firm Name

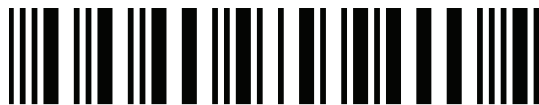
Preparer's Phone Number

Preparer's FEIN

Preparer's SSN/PTIN/SIDN

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 3.

ALL PAGES (1-3) ARE REQUIRED FOR PROCESSING



2200204133

Georgia Form 500EZ
Short Individual Income Tax Return
Georgia Department of Revenue
2021

YOUR SOCIAL SECURITY NUMBER

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Page 3

INCOME STATEMENT DETAILS Only enter income on which Georgia tax was withheld. Enter information from W-2s and 1099s in the section below.

(INCOME STATEMENT A)1. WITHHOLDING TYPE: W-2 10992. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN

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3. EMPLOYER/PAYER STATE WITHHOLDING ID

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4. GA WAGES / INCOME

		,				.00
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5. GA TAX WITHHELD

		,				.00
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(INCOME STATEMENT D)1. WITHHOLDING TYPE: W-2 10992. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN

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3. EMPLOYER/PAYER STATE WITHHOLDING ID

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4. GA WAGES / INCOME

		,				.00
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5. GA TAX WITHHELD

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(INCOME STATEMENT B)1. WITHHOLDING TYPE: W-2 10992. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN

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3. EMPLOYER/PAYER STATE WITHHOLDING ID

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4. GA WAGES / INCOME

		,				.00
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5. GA TAX WITHHELD

		,				.00
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(INCOME STATEMENT E)1. WITHHOLDING TYPE: W-2 10992. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN

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3. EMPLOYER/PAYER STATE WITHHOLDING ID

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4. GA WAGES / INCOME

		,				.00
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5. GA TAX WITHHELD

		,				.00
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(INCOME STATEMENT C)1. WITHHOLDING TYPE: W-2 10992. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN

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3. EMPLOYER/PAYER STATE WITHHOLDING ID

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4. GA WAGES / INCOME

		,				.00
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5. GA TAX WITHHELD

		,				.00
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(INCOME STATEMENT F)1. WITHHOLDING TYPE: W-2 10992. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN

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3. EMPLOYER/PAYER STATE WITHHOLDING ID

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4. GA WAGES / INCOME

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5. GA TAX WITHHELD

		,				.00
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YOU MAY USE FORM 500EZ IF:

- You are not 65 or over, or blind.
- Your filing status is single or married filing joint and you do not claim any exemptions other than yourself or yourself and your spouse.
- Your income does not exceed \$99,999 and you do not itemize deductions.
- You are a full-year Georgia resident.
- You had wages, salaries, tips, dividends, and interest income only. *Do not use this form if you paid or are claiming a credit of estimated tax or the timber tax credit.*
- You do not have any adjustments to Federal Adjusted Gross Income.

WHEN COMPLETING YOUR RETURN PLEASE REMEMBER TO:

- Print or type name(s), address and social security number(s).
- Keep numbers inside boxes.
- Do not use dollar signs, commas or decimals. Round off figures for easier computations. These have been preprinted for your convenience.
- Sign and date your return. See IT-511 Tax Booklet for signature requirements.