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

Georgia Form ƏUU⊏∠ (Rev. 05/31/23) Short Individual Income Tax Return Georgia Department of Revenue											YOUR SSN#								-			-	\perp	\perp	\perp											
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16. Saving the Cure Fund (No gift less than \$1.00).....

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

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YOUR SOCIAL SECURITY NUMBER

2023 Page 2			<u> - _ </u>	Ш.		$\perp \perp \perp$
2020 1 age 2				1 [$\overline{}$	\neg
17. Realizing Educational Achievement Can Happen (REACH) Program (No gift less than \$1.00)	17	' .	Щ	<u>ֈ</u> , ∟	Щ	
18. Public Safety Memorial Grant (No gift less than \$1.00)	. 18	3.] ,	Ш	
19. Disabled Veterans' Scholarship Fund (No gift less than \$1.00)	. 19).] , [
20. Penalty: Late Payment and/or Late Filing	20).], [
21. Interest	21			<u> </u>	$\perp \perp$	00
22. Add Lines 10 thru Line 21, enter total here	2	2.		J <u>.</u> L		00
23. (If you owe) Add Line 8 and Line 22. Complete and mail 525-TV with return and payment Make check for this amount payable to the GEORGIA DEPARTMENT OF REVENUE	23	3.		1' F	\prod	00
Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER, PO BOX 740399	–			-, -		
ATLANTA, GA 30374-0399 24. (If you are due a refund) Subtract Line 22 from Line 9. THIS IS YOUR REFUND	24	l.] [00
Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER, PO BOX 740380 ATLANTA, GA 30374-0380	–			,		•
If you do not enter Direct Deposit information or if you are a first time filer you will be issued a pap	er chec	k.				
24a. Direct Deposit (For U.S. Accounts Only) Type: Checking Savings Account						
Routing Account Number					Ш	
I/We declare under penalties of perjury that I/we have examined this return (including accompanying schedules and sta	itements)	and to	the best	of my/o	ur knov	vledge and
belief, it is true, correct and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all	informatio	n of wl	nich the p	reparer	has kn	owledge.
To the Control of the	7 (0)					
Taxpayer's Signature (Check box if deceased) Spouse's Signature] (Chec	ж рох	if decea	sea)		
Taxpayer's Date of Death Spouse's Date of Death			1			
Taxpayer's Signature Date Taxpayer's Phone Number	Spouse	's Sig	nature	Date		
		-		-		
By providing my e-mail address I am authorizing the Georgia Department of Revenue to electronically notify me at the	ne below e	-mail a	ddress re	gardin	g any u	pdates to
my account(s). Taxpayer's E-mail Address						
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Preparer's	Dhone N		th the nar	nea pre	parer.	
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2400204135

YOUR SOCIAL SECURITY NUMBER													
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IN	COME STATEMENT DETAILS Only enter inco	me	on which Georgia tax was withheld. Enter information	n fro	om W-2s and 1099s in the section below.
	(INCOME STATEMENT A)		(INCOME STATEMENT B)		(INCOME STATEMENT C)
1.	WITHHOLDING TYPE: W-2 1099	1.	WITHHOLDING TYPE: W-2 1099	1.	WITHHOLDING TYPE: W-2 1099
2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN
3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3.	EMPLOYER/PAYER STATE WITHHOLDING ID
4.	GA WAGES / INCOME	4.	GA WAGES / INCOME	4.	GA WAGES / INCOME
5.	GA TAX WITHHELD _00	5.	GA TAX WITHHELD _00	5.	GA TAX WITHHELD _00
	(INCOME STATEMENT D)		(INCOME STATEMENT E)		(INCOME STATEMENT F)
1.	WITHHOLDING TYPE: W-2 1099	1.	WITHHOLDING TYPE: W-2 1099	1.	WITHHOLDING TYPE: W-2 1099
2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN
3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3.	EMPLOYER/PAYER STATE WITHHOLDING ID
4.	GA WAGES / INCOME	4.	GA WAGES / INCOME	4.	GA WAGES / INCOME
5.	GA TAX WITHHELD _00	5.	GA TAX WITHHELD _00	5.	GA TAX WITHHELD 00

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.