



2500204116

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. 07/25/24)

Short Individual Income Tax Return

Georgia Department of Revenue

2024 (Approved web2 version)

YOUR SSN#

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SPOUSE'S SSN#

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Page **1**STATE
ISSUED

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YOUR DRIVER'S
LICENSE/STATE ID

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YOUR FIRST NAME

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MI

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

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SUFFIX

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SPOUSE'S FIRST NAME

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MI

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LAST NAME

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SUFFIX

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

CHECK IF ADDRESS CHANGED

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

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STATE

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ZIP CODE

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(COUNTRY IF FOREIGN)

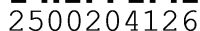
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DEPARTMENT USE ONLY

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

- | | | | | | | | | | | | | | |
|--|-----|---|--|--|-----|---|--|--|---|---|--|--|-----|
| 1. Adjusted Gross Income from Federal Form 1040 (Cannot exceed \$99,999 for Line 1) | 1. | <table border="1"><tr><td></td><td></td></tr></table> | | | , | <table border="1"><tr><td></td><td></td></tr></table> | | | . | <table border="1"><tr><td></td><td></td></tr></table> | | | .00 |
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| | | | | | | | | | | | | | |
| 2. If your filing status is Single, enter \$12,000, Married filing jointly, enter \$24,000 | 2. | <table border="1"><tr><td></td><td></td></tr></table> | | | , | <table border="1"><tr><td></td><td></td></tr></table> | | | . | <table border="1"><tr><td></td><td></td></tr></table> | | | .00 |
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| | | | | | | | | | | | | | |
| 3. Subtract Line 2 from Line 1. If Line 2 is larger than Line 1, enter zero | 3. | <table border="1"><tr><td></td><td></td></tr></table> | | | , | <table border="1"><tr><td></td><td></td></tr></table> | | | . | <table border="1"><tr><td></td><td></td></tr></table> | | | .00 |
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| 4. Enter the tax amount. (Line 3 multiplied by 5.39%. Round to the nearest dollar)..... | 4. | <table border="1"><tr><td></td><td></td></tr></table> | | | , | <table border="1"><tr><td></td><td></td></tr></table> | | | . | <table border="1"><tr><td></td><td></td></tr></table> | | | .00 |
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| 5. Low income tax credit. (Not allowed if you are claimed as a dependent on another return) 5a. | 5b. | <table border="1"><tr><td></td><td></td></tr></table> | | | 5c. | <table border="1"><tr><td></td><td></td></tr></table> | | | . | <table border="1"><tr><td></td><td></td></tr></table> | | | .00 |
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| 6. Subtract Line 5c from Line 4. If zero or less than zero, enter zero..... | 6. | <table border="1"><tr><td></td><td></td></tr></table> | | | , | <table border="1"><tr><td></td><td></td></tr></table> | | | . | <table border="1"><tr><td></td><td></td></tr></table> | | | .00 |
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| 7. Georgia income tax withheld (Enter tax withheld only and include W-2s and 1099s) | 7. | <table border="1"><tr><td></td><td></td></tr></table> | | | , | <table border="1"><tr><td></td><td></td></tr></table> | | | . | <table border="1"><tr><td></td><td></td></tr></table> | | | .00 |
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| PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 3. | | | | | | | | | | | | | |
| 8. If Line 6 is larger than Line 7, subtract Line 7 from Line 6. THE AMOUNT OF TAX YOU OWE | 8. | <table border="1"><tr><td></td><td></td></tr></table> | | | , | <table border="1"><tr><td></td><td></td></tr></table> | | | . | <table border="1"><tr><td></td><td></td></tr></table> | | | .00 |
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| 9. If Line 7 is larger than Line 6, subtract Line 6 from Line 7. THE AMOUNT OF YOUR OVERPAYMENT..... | 9. | <table border="1"><tr><td></td><td></td></tr></table> | | | , | <table border="1"><tr><td></td><td></td></tr></table> | | | . | <table border="1"><tr><td></td><td></td></tr></table> | | | .00 |
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| 10. Georgia Wildlife Conservation Fund (No gift less than \$1.00)..... | 10. | <table border="1"><tr><td></td><td></td></tr></table> | | | , | <table border="1"><tr><td></td><td></td></tr></table> | | | . | <table border="1"><tr><td></td><td></td></tr></table> | | | .00 |
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| 11. Georgia Fund for Children and Elderly (No gift less than \$1.00)..... | 11. | <table border="1"><tr><td></td><td></td></tr></table> | | | , | <table border="1"><tr><td></td><td></td></tr></table> | | | . | <table border="1"><tr><td></td><td></td></tr></table> | | | .00 |
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| 12. Georgia Cancer Research Fund (No gift less than \$1.00)..... | 12. | <table border="1"><tr><td></td><td></td></tr></table> | | | , | <table border="1"><tr><td></td><td></td></tr></table> | | | . | <table border="1"><tr><td></td><td></td></tr></table> | | | .00 |
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| 13. Georgia Land Conservation Program (No gift less than \$1.00)..... | 13. | <table border="1"><tr><td></td><td></td></tr></table> | | | , | <table border="1"><tr><td></td><td></td></tr></table> | | | . | <table border="1"><tr><td></td><td></td></tr></table> | | | .00 |
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| 14. Georgia National Guard Foundation (No gift less than \$1.00)..... | 14. | <table border="1"><tr><td></td><td></td></tr></table> | | | , | <table border="1"><tr><td></td><td></td></tr></table> | | | . | <table border="1"><tr><td></td><td></td></tr></table> | | | .00 |
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| 15. Dog and Cat Sterilization Fund (No gift less than \$1.00)..... | 15. | <table border="1"><tr><td></td><td></td></tr></table> | | | , | <table border="1"><tr><td></td><td></td></tr></table> | | | . | <table border="1"><tr><td></td><td></td></tr></table> | | | .00 |
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| 16. Saving the Cure Fund (No gift less than \$1.00)..... | 16. | <table border="1"><tr><td></td><td></td></tr></table> | | | , | <table border="1"><tr><td></td><td></td></tr></table> | | | . | <table border="1"><tr><td></td><td></td></tr></table> | | | .00 |
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2024 Page 2



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|---|-----|--|
| 17. Realizing Educational Achievement Can Happen (REACH) Program (No gift less than \$1.00) | 17. | <div><div></div><div></div></div> , <div><div></div><div></div><div></div></div> .00 |
| 18. Public Safety Memorial Grant (No gift less than \$1.00) | 18. | <div><div></div><div></div></div> , <div><div></div><div></div><div></div></div> .00 |
| 19. Disabled Veterans' Scholarship Fund (No gift less than \$1.00) | 19. | <div><div></div><div></div></div> , <div><div></div><div></div><div></div></div> .00 |
| 20. Penalty: Late Payment and/or Late Filing | 20. | <div><div></div><div></div></div> , <div><div></div><div></div><div></div></div> .00 |
| 21. Interest | 21. | <div><div></div><div></div></div> , <div><div></div><div></div><div></div></div> .00 |
| 22. Add Lines 10 thru Line 21, enter total here..... | 22. | <div><div></div><div></div></div> , <div><div></div><div></div><div></div></div> .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. | <div><div></div><div></div></div> , <div><div></div><div></div><div></div></div> .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. | <div><div></div><div></div></div> , <div><div></div><div></div><div></div></div> .00 |
| Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER, PO BOX 740392
ATLANTA, GA 30374-0392 | | |

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

24a. Direct Deposit (For U.S. Accounts Only) Type: Checking ☐ Savings ☐

Routing Number								
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[illegible]

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. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge.

Taxpayer's Signature ☐ (Check box if deceased)

Spouse's Signature ☐ (Check box if deceased)

Taxpayer's Date of Death

Spouse's Date of Death

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Taxpayer's Signature Date

Taxpayer's Phone Number

Spouse's Signature Date

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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

[illegible]

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

Signature of Preparer

Name of Preparer Other Than Taxpayer

[illegible]

Preparer's Firm Name

[illegible]

Preparer's Phone Number

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Preparer's FEIN

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Preparer's SSN/PTIN/SIDN

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PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 3.

ALL PAGES (1-3) ARE REQUIRED FOR PROCESSING

Georgia Form 500EZ
Short Individual Income Tax Return
Georgia Department of Revenue
2024 Page 3



YOUR SOCIAL SECURITY NUMBER

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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 ☐ 1099

2. 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

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(INCOME STATEMENT D)

1. WITHHOLDING TYPE: ☐ W-2 ☐ 1099

2. 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

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(INCOME STATEMENT B)

1. WITHHOLDING TYPE: ☐ W-2 ☐ 1099

2. 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

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(INCOME STATEMENT E)

1. WITHHOLDING TYPE: ☐ W-2 ☐ 1099

2. 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

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(INCOME STATEMENT C)

1. WITHHOLDING TYPE: ☐ W-2 ☐ 1099

2. 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

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(INCOME STATEMENT F)

1. WITHHOLDING TYPE: ☐ W-2 ☐ 1099

2. 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

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YOU MAY USE FORM 500EZ IF:

- You are not 65 or over.
- Your filing status is single or married filing jointly 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.

ALL PAGES (1-3) ARE REQUIRED FOR PROCESSING