



0800404017

Georgia Form 500 (Rev. 10/07) Individual Income Tax Return Georgia Department of Revenue

Please check box if you DO NOT want a booklet next year

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

9 8 7 6 5 4 3 2 1 0

2007 (Approved web version)

DEL [] EXT []

AFFIX LABEL HERE

FISCAL YEAR BEGINNING

FISCAL YEAR ENDING

YOUR FIRST NAME

MI

YOUR SOCIAL SECURITY NUMBER

1.

LAST NAME

SUFFIX

SPOUSE'S FIRST NAME

MI

SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME

SUFFIX

DEPARTMENT USE ONLY

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

2.

CITY (PLEASE INSERT SPACE IF CITY HAS MULTIPLE NAMES)

STATE

ZIP CODE

3.

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number.....

Residency Status 4.

1. Full-Year Resident 2. Part-Year Resident from

to

3. Nonresident

Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Schedule 3 of Form 500, page 7

5. Enter Filing Status with appropriate letter (See Tax Booklet Page7).....

Filing Status 5.

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er)

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself [] 6b. Spouse [] 6c.

7. Dependents (If you have more than 3 dependents, attach a list of additional dependents)

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You

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7a. Number of Dependents (DO NOT include yourself or your spouse).....▶ 7a.

7b. Add Lines 6c and 7a. Enter total.....▶ 7b.

If amount on line 8, 9, 10, 13 or 15 is negative, fill in circle. Example: ●

8. Federal adjusted gross income (From Federal Form 1040,1040A or 1040 EZ).....▶ ○ 8. , , , .00
(Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s, you must enclose a copy of your Federal Form 1040 Pages 1 and 2. Do not enclose other Federal Schedules

9. Adjustments from Schedule 1 (see Tax Booklet on Page 7, Line 9).....▶ ○ 9. , , , .00

10. Georgia adjusted gross income (Net total of Line 8 and Line 9).....▶ ○ 10. , , , .00

11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION)▶ 11a. , , , .00
 See Tax Booklet on Page 8 Line 11

b. Self: 65 or over? Blind? Spouse: 65 or over? Blind?

Total x 1,300=.....▶ 11b. , , , .00

c. Total Standard Deduction (Line 11a + Line 11b).....▶ 11c. , , , .00
 Use EITHER Line 11c OR Line 12c (Do not write on both lines)

12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, **you must enclose Federal Schedule A**

a. Federal Itemized Deductions (Schedule A-Form 1040)▶ 12a. , , , .00

b. Less adjustments: see Tax Booklet on Page 8, Line 12.....▶ 12b. , , , .00

c. Georgia Total Itemized Deductions.....▶ 12c. , , , .00

13. Subtract either Line 11c or Line 12c from Line 10; enter balance.....▶ ○ 13. , , , .00

14a. Number on Line 6c. multiplied by \$2,700 14a. , .00

14b. Number on Line 7a. multiplied by \$3,000 14b. , .00

14c. Add Lines 14a. and 14b. Enter total.....▶ 14c. , , , .00

15. Georgia taxable income (Line 13 less Line 14c or Schedule, 3, Line 14).....▶ ○ 15. , , , .00

16. Tax (Use Tax Table in the Tax Booklet on Pages 16-18).....▶ 16. , , , .00

17. Credits from Schedule 2, Page 5, Line 9
 (Enter total but not more than the amount on Line 16).....▶ 17. , , , .00

18. Balance (Line 16 less Line 17) if zero or less than zero, enter zero.....▶ 18. , , , .00

19. **Georgia Income Tax Withheld**
 (Enter Tax Withheld Only and enclose W-2s, 1099s, etc.).....▶ 19. , , , .00

20. **Estimated Tax for 2007 and Form IT-560**▶ 20. , , , .00

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21. Low Income Credit (See Tax Booklet on Pg. 12) 21a. ▶	21b. ▶	▶ 21c.	,	,	,	.	00
22. Total prepayment credits (Add Lines 19, 20 and 21c).....▶	22.		,	,	,	.	00
23. If Line 18 exceeds Line 22 enter BALANCE DUE STATE.....▶	23.		,	,	,	.	00
24. If Line 22 exceeds Line 18 enter OVERPAYMENT amount.....▶	24.		,	,	,	.	00
25. Amount to be credited to 2008 ESTIMATED TAX	▶ 25.		,	,	,	.	00
26. Georgia Wildlife Conservation Fund (No gift of less than \$1.00).....▶	26.		,	,	,	.	00
27. Georgia Children and Elderly Fund (No gift of less than \$1.00).....▶	27.		,	,	,	.	00
28. Georgia Cancer Research Fund (No gift of less than \$1.00)	▶ 28.		,	,	,	.	00
29. Georgia Greenspace Trust Fund (No gift of less than \$1.00)	▶ 29.		,	,	,	.	00
30. Georgia National Guard Foundation (No gift of less than \$1.00)	▶ 30.		,	,	,	.	00
31. Dog & Cat Sterilization Fund (No gift of less than \$1.00)	▶ 31.		,	,	,	.	00
32. Save the Cure Fund (No gift of less than \$1.00).....▶	32.		,	,	,	.	00
33. Form 500 UET (Estimated tax penalty).....▶	33.		,	,	,	.	00
(If you owe) Add Lines 23, 26 thru 33							
34. THIS IS THE AMOUNT YOU OWE	▶ 34.		,	,	,	.	00

Sign below and mail 525-TV with return and payment to: Georgia Department of Revenue, Processing Center, PO Box 740399, Atlanta, Georgia, 30374-0399. (GREEN STRIPE ENVELOPE) DO NOT STAPLE YOUR CHECK, W-2'S OR TAX RETURN. ENCLOSE ALL ITEMS IN THE RETURN ENVELOPE. Include your GA Form 500, Schedule 1

35. (If you are due a refund) Subtract the sum of Lines 25 thru 33 from Line 24							
THIS IS YOUR REFUND	▶ 35.		,	,	,	.	00

Sign below and mail return to: Georgia Department of Revenue, Processing Center, PO Box 740380, Atlanta, Georgia, 30374-0380. (BLUE STRIPE ENVELOPE) DO NOT STAPLE YOUR W-2'S NOR TAX RETURN. ENCLOSE ALL ITEMS IN THE RETURN ENVELOPE.

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. Under penalty of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has knowledge.

PHONE NUMBER - -

Taxpayer's Signature (Check box if deceased) DATE - -

Spouse's Signature (Check box if deceased) DATE - -

NAME OF PREPARER OTHER THAN TAXPAYER

Signature of Preparer

PREPARER'S FEIN -
 PREPARER'S SSN/PTIN - -
 PHONE NUMBER - -

Check the box to authorize the Georgia Department of Revenue to discuss the contents of this tax return with the named preparer.



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SCHEDULE 1 ADJUSTMENTS to INCOME BASED on GEORGIA LAW (see Tax Booklet on Pages 7 and 8)

ADDITIONS to INCOME

1. Interest on Non-Georgia Municipal and State Bonds.....▶	1.	,	,	,	00
2. Lump Sum Distributions.....▶	2.	,	,	,	00
3. Federal deduction for income attributable to domestic production activities.....▶ (IRC Section 199)	3.	,	,	,	00
4. Other (specify) ▶	4.	,	,	,	00
5. Total Additions (enter sum of Lines 1-4 here).....▶	5.	,	,	,	00

SUBTRACTION from INCOME

6. Retirement Income Exclusion (see Tax Booklet on Page 12)

a. Self: Date of Birth	Date of Disability:	Type of Disability:	6a.	,	00
- -	- -				
b. Spouse: Date of Birth	Date of Disability:	Type of Disability:	6b.	,	00
- -	- -				

7. Social Security Benefits (Taxable portion from Federal return).....▶	7.	,	,	,	00
8. Georgia Higher Education Savings Plan.....▶	8.	,	,	,	00
9. Interest on United States Obligations (See Tax Booklet on Page 7).....▶	9.	,	,	,	00
10. Other Adjustments (specify)					

Adjustment		,	,	,	00
Adjustment	Amount	,	,	,	00
Adjustment	Amount	,	,	,	00
Adjustment	Amount	,	,	,	00

Total.....▶	10.	,	,	,	00
11. Total Subtractions (enter sum of Lines 6-10 here).....▶	11.	,	,	,	00
12. Net Adjustments (Line 5 less Line 11. Enter Net Total here and on Line 9 of Page 2)(+ or -).....▶	12.	,	,	,	00



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SCHEDULE 2 CREDITS for LINE 17, PAGE 2 (see Tax Booklet on Page 8)

Table with 3 rows for SCHEDULE 2 CREDITS. Row 1: Other State(s) Tax Credit. Row 2: Low and Zero Emission Vehicle Credit. Row 3: Credits from Form IND-CR (Rural Physicians Credit, Disabled Person Home Purchase or Retrofit Credit, Driver Education Credit, Disaster Assistance Credit, Qualified Caregiving Expense Credit, Georgia National Guard/Air National Guard Credit, Child and Dependent Care Expense Credit).

Pass Through Credits from Ownership of Sole Proprietor, S Corp., LLC or Partnership Interest and Other Credits You must list the appropriate Credit Type Code in the space provided. If you claim more than four credits, enclose a schedule. Enter the schedule total on Line 8. See Tax Booklet on Page 14 for a list of available credits and their applicable codes.

4. CREDIT TYPE CODE COMPANY NAME

FEIN

-

CREDIT CLAIMED ON THIS RETURN

, , ,

00

5. CREDIT TYPE CODE COMPANY NAME

FEIN

-

CREDIT CLAIMED ON THIS RETURN

, , ,

00

6. CREDIT TYPE CODE COMPANY NAME

FEIN

-

CREDIT CLAIMED ON THIS RETURN

, , ,

00

7. CREDIT TYPE CODE COMPANY NAME

FEIN

-

CREDIT CLAIMED ON THIS RETURN

, , ,

00

8. Enter the total from enclosed schedule (s)..... 8. , , , 00

9. Enter the total of Lines 1-8 here and on Line 17, Page 2..... 9. , , , 00



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SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS (CONTINUED ON PAGE 7) Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See Tax Booklet, Page 8, Line 17 and Page 13

DO NOT USE LINES 9 THRU 14 OF PAGE 2, FORM 500

FEDERAL INCOME AFTER GEORGIA ADJUSTMENT

COLUMN A

INCOME

Table with 5 rows for Federal Income After Georgia Adjustment. Columns include description, line number, and amount boxes. Row 3 has a circled 3, row 4 has a circled 4, and row 5 has a circled 5.

ADJUSTMENTS TO INCOME

Table with 2 rows for Adjustments to Income. Row 7 includes the instruction '(See Tax Booklet, Page 7-8, Line 9)'.

INCOME NOT TAXABLE TO GEORGIA

COLUMN B

INCOME

Table with 5 rows for Income Not Taxable to Georgia. Columns include description, line number, and amount boxes. Row 3 has a circled 3, row 4 has a circled 4, and row 5 has a circled 5.

ADJUSTMENTS TO INCOME

Table with 2 rows for Adjustments to Income. Row 7 includes the instruction '(See Tax Booklet, Page 7-8, Line 9)'.

GEORGIA INCOME

COLUMN C

INCOME

Table with 5 rows for Georgia Income. Columns include description, line number, and amount boxes. Row 3 has a circled 3, row 4 has a circled 4, and row 5 has a circled 5.

ADJUSTMENTS TO INCOME

Table with 2 rows for Adjustments to Income. Row 7 includes the instruction '(See Tax Booklet, Page 7-8, Line 9)'.



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SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See Tax Booklet, Page 8, Line 17 and Page 13.

DO NOT USE LINES 9 THRU 14 OF PAGE 2, FORM 500

Table with 3 columns: Description, Column A, Column B, Column C. Rows include Adjusted Gross Income, Federal Income After Georgia Adjustment, Income Not Taxable to Georgia, Georgia Income, Ratio, Itemized or Standard Deduction, Personal Exemption, Total Deductions and Exemptions, and Georgia Taxable Income.

List the state(s) in which the income in Column B was earned and/or to which it was reported.

Form with 4 numbered boxes for listing states.