



0900404018

Georgia Form 500 (Rev. 1/09) Individual Income Tax Return Georgia Department of Revenue 2008 (Approved web version)

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

Version 1

DEL EXT

AFFIX LABEL HERE

TAXPAYER INFORMATION

EXEMPTIONS AND DEPENDENTS

STEP 1

STEP 2

1. YOUR FIRST NAME MI YOUR SOCIAL SECURITY NUMBER

LAST NAME SUFFIX

Special Program Code See Tax Booklet on Page 7

SPOUSE'S FIRST NAME MI SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME SUFFIX

DEPARTMENT USE ONLY

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

3. CITY STATE ZIP CODE

(COUNTRY IF FOREIGN)

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

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT TO 3. NONRESIDENT

Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Schedule 3 of Form 500, page 6

5. Enter Filing Status with appropriate letter (See Tax Booklet Page 9)..... 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)

Table with 3 rows for dependents, columns for First Name, MI, Last Name, Social Security Number, and Relationship to You.



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STEP 2 → CONT.

- 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: ●

STEP 3 → INCOME

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-2's you must enclose a copy of your Federal Form 1040 Pages 1 and 2.

9. Adjustments from Schedule 1 (see Tax Booklet on Page 9, 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. [Hatched Box] , .00
See Tax Booklet on Page 10 Line 11

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

Total x 1,300=.....▶ 11b. [Hatched Box] , .00

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

DEDUCTIONS

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 10, 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

STEP 4 →

14a. Number on Line 6c. multiplied by \$2,700.....▶ 14a. [Hatched Box] , .00

14b. Number on Line 7a. multiplied by \$3,000.....▶ 14b. [Hatched Box] , .00

14c. Add Lines 14a. and 14b. Enter total.....▶ 14c. [Hatched Box] , .00

TAX COMPUTATION

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 17-19).....▶ 16. , , .00

17. Credits from Schedule 2, Page 5, Line 10 of Form 500
 (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 2008 and Form IT-560**▶ 20. , , .00

STEP 5 →

21. Low Income Credit (See Tax Booklet on Pg. 11) 21a. ▶ 21b. ▶ 21c. , , .00



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22. Department Use Only

DO NOT WRITE IN THIS BOX

23. Total prepayment credits (Add Lines 19, 20 and 21c).....	▶ 23.	,	,	00
24. If Line 18 exceeds Line 23 enter BALANCE DUE STATE.....	▶ 24.	,	,	00
25. If Line 23 exceeds Line 18 enter OVERPAYMENT amount.....	▶ 25.	,	,	00
26. Amount to be credited to 2009 ESTIMATED TAX	▶ 26.	,	,	00
27. Georgia Wildlife Conservation Fund (No gift of less than \$1.00).....	▶ 27.		,	00
28. Georgia Children and Elderly Fund (No gift of less than \$1.00).....	▶ 28.		,	00
29. Georgia Cancer Research Fund (No gift of less than \$1.00)	▶ 29.		,	00
30. Statewide Land Conservation Program (No gift of less than \$1.00)	▶ 30.		,	00
31. Georgia National Guard Foundation (No gift of less than \$1.00)	▶ 31.		,	00
32. Dog & Cat Sterilization Fund (No gift of less than \$1.00)	▶ 32.		,	00
33. Save the Cure Fund (No gift of less than \$1.00).....	▶ 33.		,	00
34. Georgia Student Finance Authority Fund (No gift of less than \$1.00).....	▶ 34.		,	00
35. Form 500 UET (Estimated tax penalty).....	▶ 35.	,	,	00
36. (If you owe) Add Lines 24, 27 thru 35 MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE	▶ 36.	,	,	00
37. (If you are due a refund) Subtract the sum of Lines 26 thru 35 from Line 25 THIS IS YOUR REFUND	▶ 37.	,	,	00

TAX COMPUTATION CONTINUED

STEP 5

(PAYMENT) Green Label: GEORGIA DEPARTMENT OF REVENUE
 PROCESSING CENTER, PO BOX 740399
 ATLANTA, GA 30374-0399

(REFUND) Blue Label: GEORGIA DEPARTMENT OF REVENUE
 PROCESSING CENTER, PO BOX 740380
 ATLANTA, GA 30374-0380

ENCLOSE ALL ITEMS IN RETURN ENVELOPE. DO NOT STAPLE YOUR CHECK, W-2'S OR TAX 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 GA 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.

SIGNATURE

 Taxpayer's Signature (Check box if deceased)

PHONE NUMBER

DATE

 Spouse's Signature (Check box if deceased)

DATE

NAME OF PREPARER OTHER THAN TAXPAYER →

Do you want to authorize DOR to discuss this return with the named preparer.
 YES NO

PREPARER'S FEIN

 Signature of Preparer

PREPARER'S SSN/PTIN

PHONE NUMBER



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SCHEDULE 1 ADJUSTMENTS to INCOME BASED on GEORGIA LAW (see Tax Booklet on Pages 9 and 10)

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 11)

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 9)▶	9.	,	,	00
10. Other Adjustments (specify)				

Adjustment	Amount	,	,	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 -) of form 500.....▶	12.	,	,	00



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SCHEDULE 2 CREDITS for LINE 17, PAGE 2 (see Tax Booklet on Page 10)

1. Other State(s) Tax Credit (see Tax Booklet on Page 12)	▶ 1.	,	,	00
2. Low and Zero Emission Vehicle Credit	▶ 2.	,	,	00
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, Adoption Credit)	▶ 3.	,	,	00
4. Enter the total from Lines 1-3.....	▶ 4.	,	,	00

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 9. See Tax Booklet on Page 13 for a list of available credits and their applicable codes.

5. COMPANY NAME		
CREDIT CODE TYPE	FEIN	CREDIT CLAIMED ON THIS RETURN
	-	, , 00
6. COMPANY NAME		
CREDIT CODE TYPE	FEIN	CREDIT CLAIMED ON THIS RETURN
	-	, , 00
7. COMPANY NAME		
CREDIT CODE TYPE	FEIN	CREDIT CLAIMED ON THIS RETURN
	-	, , 00
8. COMPANY NAME		
CREDIT CODE TYPE	FEIN	CREDIT CLAIMED ON THIS RETURN
	-	, , 00

9. Enter the total from Lines 5-8 and any enclosed schedules.....	▶ 9.	,	,	00
10. Enter the total of Lines 4 and 9 here and on Line 17, Pg. 2 of 500 form..	▶ 10.	,	,	00

