



1000504016

Mailing Address
Georgia Department of Revenue
Processing Center
P.O. Box 740318
Atlanta, Georgia 30374-0318

TAXPAYER INFORMATION

YOUR FIRST NAME MI YOUR SOCIAL SECURITY NUMBER

YOUR LAST NAME SUFFIX

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

LAST NAME SUFFIX

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

CITY STATE ZIP CODE -

(COUNTRY IF FOREIGN)

DEPARTMENT USE ONLY

Filing Status Claimed Single Married Filing Jointly Married Filing Separately Head of Household or Qualifying Widow(er)

On This Return..... [] [] [] []

Note: You cannot change from Married filing jointly to Married filing separately after the due date of the return.

Residency On This Return..... [] Full Year Resident [] Part Year Resident From _____ To _____ [] Nonresident

Was a Federal Amended Return Filed? [] Yes [] No If YES, Please Attach Copy.

Calendar Year _____ or Fiscal Year Ending _____	A As originally reported or as adjusted	B Net Change Increase or Decrease	C Correct Amount
1. Federal Adjusted Gross Income (from Form 1040).	.00	.00	.00
2. Total Income (Georgia adjusted gross income) Form 500. Explain any changes on Page 2.	.00	.00	.00
3. Standard or Itemized Deductions.	.00	.00	.00
4. Exemptions. If changing fill in Part 1 and Part IV of Page 2.	.00	.00	.00
5. Taxable Income. Subtract Lines 3 and 4 from Line 2.	.00	.00	.00
6. Total tax	.00	.00	.00
7. Georgia Income Tax Withheld	.00	.00	.00
8. Other Credits	.00	.00	.00
9. Estimated Tax Payments: Georgia Form 500	.00	.00	.00
10. Amount paid with original return, plus additional payments made after it was filed.			.00
11. Total of Lines 7 through 10, Column C			.00
12. Overpayment, if any, shown on original return: Georgia Form 500			.00
13. Subtract Line 12 from Line 11 and enter result			.00
14. If Line 6, Column C is more than Line 13, subtract Line 13 from Line 6, enter Balance Due.			.00
15. Add interest (1% per month from the due date)			.00
16. Total of Lines 14 and 15. Pay in full with this Return			.00
17. If Line 6, Column C is less than Line 13, subtract Line 13 from Line 6, enter refund to be received.			.00
18. Amount to be credited to Estimated Tax; Year _____ Amount			.00

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief this amended return is true, correct, and complete.

Sign Here _____
Your Signature Date Spouse's Signature Date

Signature of preparer other than taxpayer, based on all information of which s/he has any knowledge Date ID number of preparer



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Part I. - Exemptions			
1. Number of exemptions claimed on original return			
2. Number of exemptions claimed on this return			
3. Difference, if any			
Dependents (children and other) not claimed on the original (or adjusted) return:			
If more than three additional dependents, attach a list	First Name	Last	Social Security Number
			Relationship to you
4. Additional Standard Deduction for Yourself and Spouse (Check only those boxes not checked on original return and only if Standard Deduction is used).		65 or over <input type="checkbox"/> Blind <input type="checkbox"/>	Enter Number of boxes checked <input type="text"/>
	Yourself.....	<input type="checkbox"/>	<input type="checkbox"/>
	Spouse.....	<input type="checkbox"/>	<input type="checkbox"/>

Part II. - Computation of Georgia Taxable Income for part-year residents and nonresidents			
	Federal Income after Georgia Adjustments COLUMN A.	Income Not Taxable to Georgia COLUMN B.	GEORGIA INCOME COLUMN C.
1. Wages, Salaries, Tips, Etc .....	.00	.00	.00
2. Interest and Dividends .....	.00	.00	.00
3. Business Income or (loss) .....	.00	.00	.00
4. Other Income or (loss) .....	.00	.00	.00
5. Total Income: Total Lines 1 through 4 .....	.00	.00	.00
Adjustments to Income:			
6. Total from Federal Form 1040 .....	.00	.00	.00
7. Total Georgia Adjustments, explain in PART IV below .....	.00	.00	.00
8. Adjusted Gross Income: Line 5 plus or minus Lines 6 and 7	.00	.00	.00
9. RATIO: Divide Line 8, Column C by Column A - Enter Percentage		(%)	(Not to exceed 100%)
10. Itemized or Standard Deduction .....		.00	
11. Personal Exemptions .....		.00	
12. Total Deductions and Exemptions: Add Lines 10 and 11 .....		.00	
13. Multiply Line 12 by Ratio on Line 9 and enter result .....			.00
14. Georgia Taxable Income: Subtract Line 13 from Line 8. Enter on Line 5C on reverse side .....			.00

Part III. Disability OR retirement income exclusion	you _____ spouse _____
Date of birth OR disability	you _____ spouse _____
Type of disability	you _____ spouse _____

Part IV. EXPLANATION OF CHANGES to Income, Deductions, Exemptions, and Credits. Show computations in detail. Attach applicable schedules.

INSTRUCTIONS

1. Attach a copy of your original and amended federal return.
2. If the return is being amended due to a K-1, include the original and amended K-1.
3. If you are filing an amended return to claim the low income credit, the claim must be filed by the end of the 12th month following the close of the taxable year for which the credit may be claimed.
4. If you want all or part of the refund applied to estimated tax, indicate this with the year and the amount on Line 18.
5. If the return is being amended due to a W-2, include a copy of the W-2.

MAIL COMPLETED RETURN TO: GEORGIA DEPARTMENT OF REVENUE, PROCESSING CENTER, P.O. BOX 740318, ATLANTA, GEORGIA 30374-0318

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.