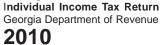


	Indiv Georg	rgia Form 500 (Rev. 10/10) ridual Income Tax Return gia Department of Revenue 0 (Approved web version)							
		Version 1	DEL EXT						
L HERE	1.	YOUR FIRST NAME		МІ	YOUR SOCIAL SE	ECURITY NUMBER		Page 1	
AFFIX LABE		LAST NAME			SUFF	IX		pecial Program Code ee Tax Booklet on Page 8	
		SPOUSE'S FIRST NAME		MI	SPOUSE'S SOCI	AL SECURITY NUMBE	R	DEPARTMENT USE ONLY	
DRMATION		LAST NAME			SUFF	FIX			
AXPAYEK INFC	2.	ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED							
STEP1	3.	CITY			STATE	ZIP CODE	-	500 UET Exception Attached	
	(CC	DUNTRY IF FOREIGN)						Residency Status	
	4.	Enter your Residency Status with the ap	opropriate numbe						
	1.	FULL- YEAR RESIDENT 2. PART- YEAR R	RESIDENT		т	0		3. NONRESIDENT	
	F	Part-Year Residents and Nonreside						Filing Status	
	э.	Enter Filing Status with appropriate A.Single B.Married filing joint C. Married							
	6.	Number of exemptions (Check ap			-		6b. Spouse	6c.	
	7.	Dependents (If you have more tha	in 3 dependents	, attach a lis	t of additional	dependents)			
NTS		First Name, MI.		Last N	lame				
EXEMPTIONS AND DEPENDENTS		Social Security Number		Relation	onship to You				
NPTIONS		First Name, MI.		Last N	lame				
		Social Security Number		Relati	onship to You				
STEP 2		First Name, MI.		Last	Name				
		Social Security Number		Relat	ionship to You				

Georgia	Form 500
المبياء البالم مبا	Income Toy Date







		Version 1			YOUR SOCIAL SE		ER		
TEP 2 - CONT.									
S	lf ar	mount on line 8	3, 9, 10, 13 or 15	is negative, fill in ci	ircle. Example:				
COME	8.	Federal adjuste	ed gross income (F	From Federal Form 1040,	1040A or 1040 EZ).	▶ 🔘 8.			0
NI A				LE INCOME) If the a our Federal Form 10			more, or your gross in	ncome is less than y	our W-2's
3	9.	Adjustments from	m Schedule 1 (se	e Tax Booklet on Page	e 10, Line 9)	▶ ○ 9.			
STEP	10.	Georgia adjuste	ed gross income (I	Net total of Line 8 and	Line 9)	► O 10.			. 00
	11.		ction (Do not use Fl et on Page 11 Li	EDERAL STANDARD I ne 11	DEDUCTION)	► 11a.			. 00
		b. Self: 65 or ove	er? Blind?	Spouse: 65 or ov	ver? Blind?				_
SNC				Total	x 1,300=	11b.			_ 00
DUCTIO				e 11a + Line 11b) <u>12c</u> (Do not write on bo		11c.			. 00
B	12.	Total Itemized	Deductions used i	n computing Federal	Taxable Income. I	f you use itemiz	ed deductions, you mus	st enclose Federal Sc	hedule A
1		a. Federal Item	nized Deductions	(Schedule A-Form 104	40)	• 12a.			. 00
TEP 4		b. Less adjustr	ments: seeTax Bo	oklet on Page 12, Line	e 12	12b.			. 00
ŝ		c. Georgia Tota	al Itemized Dedu	ctions		12c.			00
	13.	Subtract either L	Line 11c or Line 12	2c from Line 10; enter	balance	• 0 13.			00
	14a	. Number on Lin	e 6c. multip	lied by \$2,700		1 4a.			00
	14b	. Number on Lin	ie 7a. multip	lied by \$3,000		14b.			00
7	14c	. Add Lines 14a.	. and 14b. Enter to	otal		► 14c.			00
UTATION	15.	Georgia taxabl	le income (Line 13	less Line 14c or Schedule.	3, Line 14)	0 15.			00
AX COMP	16.	Tax (Use Tax Ta	able in the Tax Boo	oklet on Pages 19-21).		16.			_ 00
	17.			Line 12 of Form 500 amount on Line 16)		17.			_ 00
STEP 5	18. 19.		16 less Line 17) if me Tax Withheld	zero or less than zero	o, enter zero	18.			00
		-		ose W-2s, 1099s, etc.).		19.			00
	20.	Estimated Tax	for 2010 and Fo	rm IT-560		20.			00

							_	
	Indi Geo	orgia Form 500 vidual Income Tax Return rgia Department of Revenue 10	11	00404031		Page 3		
		Version 1	YOU	R SOCIAL SECURITY NUM	IBER			
	21.	Department Use Only	DO NOT WRITE IN	THIS BOX				
	22.	Total prepayment credits (Add	Lines 19 and 20)	▶ 22.			. 00	
	23.	If Line 18 exceeds Line 22 ente	r BALANCE DUE STATE	23.			. 00	
	24.	If Line 22 exceeds Line 18 ente	If Line 22 exceeds Line 18 enter OVERPAYMENT amount 24.					
	25.	Amount to be credited to 20	11 ESTIMATED TAX	25.			. 00	
TINUE	26.	Georgia Wildlife Conservation	Fund (No gift of less than \$7	. 00)▶ 26.			. 00	
N CON	27.	Georgia Children and Elderly F	Fund (No gift of less than \$1.	00) 27.			.00	
COMPUTATION CONTINUED	28.	Georgia Cancer Research Fu	nd (No gift of less than \$1.00))Þ 28.			. 00	
COMPI	29.	Statewide Land Conservation	Program (No gift of less tha	n \$1.00) ▶ 29.			. 00	
TAX	30.	Georgia National Guard Found	dation (No gift of less than \$ ^	1.00) ▶ 30.			. 00	
↑	31.	Dog & Cat Sterilization Fund (No gift of less than \$1.00)				. 00	
	32.	Save the Cure Fund (No gift	of less than \$1.00)				. 00	
	33.	Georgia Student Finance Auth	nority Fund (No gift of less th	a n \$1.00)▶ 33.			00	
P 5 -	34.	Form 500 UET (Estimated tax	penalty)				_ 00	
STE	35.	(If you owe) Add Lines 23, 2		>			00	
	36.	MAKE CHECK PAYABLE TO G (If you are due a refund) Subt						
	50.	THIS IS YOUR REFUND					_ 00	
	(PA		OCESSING CENTER, PO BO		PROCE	IA DEPARTMENT OF REV SSING CENTER, PO BOX		
		AI	LANTA, GA 30374-0399		ATLAN	FA, GA 30374-0380		
		ENCLOSE ALL ITEM	S IN RETURN ENVELOPE. DO N	OT STAPLE YOUR CHECK, V	N-2'S OR TAX RETURN			
		orgia 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 der penalty of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and						
		f it is true, correct and complete.					-	
	E.		ſ	PHONE NUMBER				
SIGNATURE	Tax	kpayer's Signature (C	Check box if deceased)	DA	ΛΤΕ			
SIGN	Sp	ouse's Signature (C	Check box if deceased)	DA	TE			

Do you want to authorize DOP named preparer. ΥE

Signature	of	Preparer

♠

(Check box if deceased)	D
(Check box if deceased)	D
HER THAN TAXPAYER	
ES NO	PREPARER'S FEIN
	PREPARER'S SSN/PTIN
	PHONE NUMBER

TAXPAYER EMAIL ADDRESS





Georgia Form **500**

Individual Income Tax Return Georgia Department of Revenue

2010

Version 1

YOUR SOCIAL SECURITY NUMBER

SUBTRACTION from INCOME

6. Retirement Income Exclusion (see Tax Booklet on Page 10)

	a. Self: Date of Birth	Date of Disability:	Type of Disability:	6a.	00			
	h Spourse: Data of Pirth	Data of Disphility:						
	b. Spouse: Date of Birth	Date of Disability:	Type of Disability:	6b.	00			
 7. Social Security Benefits (Taxable portion from Federal return)								
	8. Georgia Higher Education Savings Plan							

9.

9. Interest on United States Obligations (See Tax Booklet on Page 10)

10. Other Adjustments (specify)

Adjustment	Amount	0
Adjustment	Amount	0
Adjustment	Amount	0
Adjustment	Amount	0
Total	▶ 10.	0
11. Total Subtractions (enter sum of Lines 6-10 here)	► 11	0
12. Net Adjustments (Line 5 less Line 11.) Enter Net Total here and on Line 9 of Page 2 (+ or -) of form 500	▶ ○ 12.	0

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue

2010





	Version 1	YOUR SOCIAL SECURITY NUMBER					
	SCHEDULE 2 CREDITS for LINE 17, PAGE 2 (see Tax Booklet on Pages 12 and 15)						
1.	Other State Cred	it(s) Tax Credit (see Tax Booklet on Page 14)▶ 1.	00				
2.	Credits from Forr	n IND-CR (Rural Physicians Credit, Disabled Person Home Purchase or Retrofit Credit, Driver Education Credit, Disa	aster Assist-				
	ance Credit, Qua	lified Caregiving Expense Credit, Georgia National Guard/Air National Guard Credit, Child and Dependent Care Expe	ense Credit,				
	Adoption Credit, I	Eligible Single-Family Residence Credit) 2.	00				
3.	Low and Zero Em	nission Vehicle Credit 3.	00				
4.	Qualified Educati	ion Expense Credit (Individual/Non pass through)▶ 4.	00				
5.	Clean Energy Pro	operty Credit (Individual/Non pass through) 5.	00				
	Pass Through Credits from Ownership of Sole Proprietor, S Corp., LLC or Partnership Interest and Other Credits						

Pass Through Credits from Ownership of Sole Proprietor, S Corp., LLC or Partnership Interest and Other Credit 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 10. See Tax Booklet on Page 15 for a list of available credits and their applicable codes.

6.	6. COMPANY NAME					
	OWNERSHIP	FEIN	CREDIT CLAIMED ON THIS	RETURN		
7.	COMPANY NAME			CREDIT CODE TYPE		
	OWNERSHIP	FEIN	CREDIT CLAIMED ON THIS	RETURN		
8.	COMPANY NAME			CREDIT CODE TYPE		
	OWNERSHIP	FEIN	CREDIT CLAIMED ON THIS	RETURN		
9.	COMPANY NAME			CREDIT CODE TYPE		
	OWNERSHIP	FEIN	CREDIT CLAIMED ON THIS	RETURN		
10. Any additional pass-through credits claimed (attach schedule) 10.						
11.	11. Low Income Credit (see Tax Booklet). 11a. 11b 11c.					
12.	Enter the total of Lines 1 through	11 here and on Line 17, Pg. 2 of 500 form ► 12.		00		

Georgia Form 500

Version 1

2010

Individual Income Tax Return Georgia Department of Revenue





YOUR SOCIAL SECURITY NUMBER

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

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 12, Line 17 and Page 14 FEDERAL INCOME AFTER GEORGIA ADJUSTMENT **INCOME NOT TAXABLE TO GEORGIA** GEORGIA INCOME (COLUMN C) (COLUMN A) (COLUMN B) 1. WAGES, SALARIES, TIPS, etc 1. WAGES, SALARIES, TIPS, etc 1. WAGES, SALARIES, TIPS, etc 00 00 00 INTERESTS AND DIVIDENDS INTERESTS AND DIVIDENDS 2. INTERESTS AND DIVIDENDS 2. 2 00 00 00 3. BUSINESS INCOME OR (LOSS) **BUSINESS INCOME OR (LOSS)** 3. BUSINESS INCOME OR (LOSS) 3. 00 00 00 4. OTHER INCOME OR (LOSS) 4. OTHER INCOME OR (LOSS) 4. OTHER INCOME OR (LOSS) 00 00 00 5. TOTAL INCOME: TOTAL LINES 1 THRU 4 5. TOTAL INCOME: TOTAL LINES 1 THRU 4 5. TOTAL INCOME: TOTAL LINES 1 THRU 4 00 00 00 6. TOTAL ADJUSTMENTS FROM FORM 1040 6. TOTAL ADJUSTMENTS FROM FORM 1040 6. TOTAL ADJUSTMENTS FROM FORM 1040 00 00 00 TOTAL ADJUSTMENTS FROM FORM 500, TOTAL ADJUSTMENTS FROM FORM 500. 7. 7. TOTAL ADJUSTMENTS FROM FORM 500. 7. SCHEDULE 1, PAGE 4 SCHEDULE 1, PAGE 4 SCHEDULE 1, PAGE 4 00 00 00 ADJUSTED GROSS INCOME: ADJUSTED GROSS INCOME: ADJUSTED GROSS INCOME: 8. 8. 8. LINE 5 PLUS OR MINUS LINES 6 AND 7 LINE 5 PLUS OR MINUS LINES 6 AND 7 LINE 5 PLUS OR MINUS LINES 6 AND 7 00 00 00 % Not to exceed 100% 9. Itemized or Standard Deduction (see Tax Booklet, Page 16, Line 10)..... 10. 10. Personal Exemption from Form 500, Page 2 (see Tax Booklet, Pg. 16, Line 11a-c) 11. 11a. Number on Line 6c. multiplied by \$2,700..... 11a. 11b. Number on Line 7a. multiplied by \$3,000..... 11b 11c. Add Lines 11a. and 11b. Enter total..... 11c. Total Deductions and Exemptions: Add Lines 10 and 11c..... 12. 12. 13. Multiply Line 12 by Ratio on Line 9 and enter result..... 13. 14. Georgia Taxable Income: Subtract Line 13 from Line 8, Column C Enter here and on Line 15, Page 2 of Form 500..... 14. List the state(s) in which the income in Column B was earned and/or to which it was reported.

1. 2. 3.