



1700204017

Georgia Form 500EZ (Rev. 08/09/16) Short Individual Income Tax Return Georgia Department of Revenue 2016 (Approved web version)

Page 1

YOUR SSN#

SPOUSE'S SSN#

YOUR FIRST NAME

MI LAST NAME

SUFFIX

SPOUSE'S FIRST NAME

MI 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

Special Program Code See IT-511 Tax Booklet

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

STATE ZIP CODE

DEPARTMENT USE ONLY

(COUNTRY IF FOREIGN)

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

- 1. Adjusted Gross Income from Form 1040EZ, 1040 or 1040 A (Cannot exceed \$99,999 for Line 1)
2. If your filing status is single, enter \$5,000.00, married filing joint, enter \$10,400.00
3. Subtract Line 2 from Line 1. If Line 2 is larger than Line 1 enter zero
4. Find the tax on the amount on Line 3. (Use Tax Table in the IT-511 Tax Booklet)
5. Low income tax credit. (Not allowed if you are claimed as a dependent on another return) 5a. 5b. 5c.
6. Subtract Line 5c from Line 4. If zero or less than zero, enter zero
7. Georgia income tax withheld (Enter tax withheld only and enclose W-2s, 1099s, etc.) 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
9. If Line 7 is larger than Line 6, subtract Line 6 from Line 7. THE AMOUNT OF YOUR OVERPAYMENT
10. Georgia Wildlife Conservation Fund (No gift less than \$1.00)
11. Georgia Fund for Children and Elderly (No gift less than \$1.00)
12. Georgia Cancer Research Fund (No gift less than \$1.00)
13. Georgia Land Conservation Program (No gift less than \$1.00)
14. Georgia National Guard Foundation (No gift less than \$1.00)
15. Dog and Cat Sterilization Fund (No gift less than \$1.00)
16. Saving the Cure Fund (No gift less than \$1.00)
17. Realizing Educational Achievement Can Happen (REACH) Program (No gift less than \$1.00)

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SIGNATURES ARE REQUIRED ON PAGE 2 OF THIS FORM



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Georgia Form 500EZ  
Short Individual Income Tax Return  
Georgia Department of Revenue  
2016

YOUR SOCIAL SECURITY NUMBER

FOR DEPARTMENT USE ONLY

[Redacted box]

- 18. Add Lines 10 thru Line 17, enter total here.....▶ 18. .00
- 19. (If you owe) Add Line 8 and Line 18. Complete and mail 525-TV with return and payment  
Make check for this amount payable to the GEORGIA DEPARTMENT OF REVENUE.....▶ 19. .00
- 20. (If you are due a refund) Subtract Line 18 from Line 9. THIS IS YOUR REFUND.....▶ 20. .00

20a. Direct Deposit (For U.S. Accounts Only) Type:  Checking  Savings

Routing Number  
Account Number

You can help eliminate \$1 Million of processing costs by choosing Direct Deposit. If you do not enter Direct Deposit information, a paper check will be issued.

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

(REFUND and NO BALANCE DUE) PROCESSING CENTER  
GEORGIA DEPARTMENT OF REVENUE  
PO BOX 740380  
ATLANTA, GA 30374-0380

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. Georgia Public Revenue Code Section 48-2-31 requires that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.



\_\_\_\_\_  
Taxpayer's Signature  (Check box if deceased)

PHONE NUMBER

DATE

\_\_\_\_\_  
Spouse's Signature  (Check box if deceased)

DATE

NAME OF PREPARER OTHER THAN TAXPAYER →

PREPARER'S FIRM NAME

Do you want to authorize DOR to discuss this return with the named preparer. Yes

PREPARER'S FEIN

\_\_\_\_\_  
Signature of Preparer

PREPARER'S SSN/PTIN/SIDN

PHONE NUMBER

TAXPAYER'S EMAIL ADDRESS

I authorize the Georgia Department of Revenue to electronically notify me at the below email address regarding any updates to my account(s).

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 3.

PAGES (1-3) ARE REQUIRED FOR PROCESSING



1700204037

**Georgia Form 500EZ**  
 Short Individual Income Tax Return  
 Georgia Department of Revenue  
**2016**

**YOUR SOCIAL SECURITY NUMBER**

<b>INCOME STATEMENT DETAILS</b> Enter income reported from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from <b>Form G2-RP Line 12 or 13; Form G2-LP Line 11, or for Form G2-FL enter zero.</b>					
<b>(INCOME STATEMENT A)</b>		<b>(INCOME STATEMENT B)</b>		<b>(INCOME STATEMENT C)</b>	
1. WITHHOLDING TYPE: <input type="checkbox"/> W-2s <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099s <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP		1. WITHHOLDING TYPE: <input type="checkbox"/> W-2s <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099s <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP		1. WITHHOLDING TYPE: <input type="checkbox"/> W-2s <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099s <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP	
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/>		2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/>		2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/>	
3. EMPLOYER/PAYER STATE WITHHOLDING ID		3. EMPLOYER/PAYER STATE WITHHOLDING ID		3. EMPLOYER/PAYER STATE WITHHOLDING ID	
4. GA WAGES / INCOME <span style="float:right">00</span>		4. GA WAGES / INCOME <span style="float:right">00</span>		4. GA WAGES / INCOME <span style="float:right">00</span>	
5. GA TAX WITHHELD <span style="float:right">00</span>		5. GA TAX WITHHELD <span style="float:right">00</span>		5. GA TAX WITHHELD <span style="float:right">00</span>	
<b>(INCOME STATEMENT D)</b>		<b>(INCOME STATEMENT E)</b>		<b>(INCOME STATEMENT F)</b>	
1. WITHHOLDING TYPE: <input type="checkbox"/> W-2s <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099s <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP		1. WITHHOLDING TYPE: <input type="checkbox"/> W-2s <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099s <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP		1. WITHHOLDING TYPE: <input type="checkbox"/> W-2s <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099s <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP	
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Please complete the Supplemental W-2 Income Statement if additional space is needed.

**YOU MAY USE FORM 500EZ IF:**

- You are not 65 or over, or blind.
- Your filing status is single or married filing joint 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.*
- 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 concerning deceased taxpayers.



1707504017

Georgia Income Statement Details

Supplemental W-2 Income Statement

Georgia Department of Revenue

2016 (Approved web version)

YOUR SOCIAL SECURITY NUMBER

INCOME STATEMENT DETAILS Enter income reported from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from Form G2-RP Line 12 or 13; Form G2-LP Line 11, or for Form G2-FL enter zero.								
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<b>(INCOME STATEMENT G)</b>			<b>(INCOME STATEMENT H)</b>			<b>(INCOME STATEMENT I)</b>		
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