



State of Georgia Department of Revenue



KEEP THESE INSTRUCTIONS AND WORKSHEET WITH YOUR RECORDS

Instructions

1. Download (free) the latest version of Adobe Reader.
adobe.com/products/acrobat/readstep2.html
2. Complete the worksheet below to automatically create your payment voucher.
3. Click the "Print" button to print a completed GA-V payment voucher.
4. Cut the payment voucher along the dotted line and mail the voucher and your payment only to the address on the voucher.

DO NOT fold, staple or paper clip items being mailed.

DO NOT mail in the worksheet, keep this for your records.

GA-V Worksheet

1. GA Withholding ID:		2. FEI Number:	
3. Name:			
4. Street Address Line 1:			
5. Street Address Line 2:			
6. City:		7. State:	
		8. Zip:	-
9. Telephone Number:			
10. Tax Period:			
11. Amount Paid:			

Instructions for Completing the GA-V

- Taxes are withheld when wages are paid, not when the payroll period ends.
- Form GA-V must be used to submit monthly payments on or before the 15th of the following month. ANY payment received after the 15th of the following month will be subject to late charges. Do not send penalty or interest with a payment. If the 15th is a weekend or holiday, the due date is the next business day.
- Taxpayers who withhold \$500 or more on any one return (quarterly total) must submit payments by Electronic Funds Transfer (**EFT**).
- Form GA-V is **NOT** required if no tax is withheld for a particular month or if payment was made via EFT.
- Make check or money order payable to: Georgia Department of Revenue
- Mail this completed form with your payment to:

**Processing Center
Georgia Department of Revenue
PO Box 740387
Atlanta, Georgia 30374-0387**

**PLEASE DO NOT mail this entire page. Please cut along dotted line and mail only voucher and payment.
PLEASE DO NOT STAPLE OR PAPER CLIP. PLEASE REMOVE ALL CHECK STUBS.**

----- Cut on dotted line -----

GA-V (Rev. 05/12/25)
Withholding Payment Voucher
2026



2600104015

Name and Address: ■

GA Withholding ID	FEI Number	Tax Period	Due Date	Vendor Code 040
PLEASE DO NOT STAPLE OR PAPER CLIP. REMOVE ALL CHECK STUBS.			Under penalty of perjury, I declare that this voucher has been examined by me and to the best of my knowledge and belief it is true, correct and complete.	
			Signature	Title
			Telephone	Date

PROCESSING CENTER
GEORGIA DEPARTMENT OF REVENUE
PO BOX 740387
ATLANTA GA 30374-0387

Amount Paid \$

