

Georgia Form 500(Rev. 9/11) Fiscal Year Individual Income Tax Return Beginning

Georgia Department of Revenue 2011 (Approved web version)

Fiscal Year Ending

		Version 1 DEL EXT						
SEL HERE	1.	YOUR FIRST NAME		MI	YOUR SOCIAL	SECURITY NU	MBER	Page 1
AFFIX LABEL HERE		LAST NAME			su	FFIX		Special Program Code See Tax Booklet on Page 9
_	:	SPOUSE'S FIRST NAME	1	МІ	SPOUSE'S SO	CIAL SECURIT	YNUMBER	DEPARTMENT USE ONLY
ORMATION		LAST NAME			SL	JFFIX		
TAXPAYER INFORMATION	2.	ADDRESS (NUMBER AND STREET or	P.O. BOX) (Use 2nd address li	ne for Ap	ot, Suite or Build	ing Number)	CHECK IF ADDRESS HAS CH	ANGED
STEP1 ──	3.	CITY (Please a insert space if the cit	ry has multiple names)		STATE	ZIP CODE		500 UET Exception Attached
	(CC	DUNTRY IF FOREIGN)						Residency Status
	4.	Enter your Residency Status with t	ne appropriate number					4.
	1.	FULL- YEAR RESIDENT 2. PART- YE	AR RESIDENT			то		3. NONRESIDENT
		Part-Year Residents and Nonr	esidents must omit Lines	9 thru	14 and use	Schedule 3	of Form 500, page 6	Filing Status
	5. Enter Filing Status with appropriate letter (See Tax Booklet Page 11)							
	6.	Number of exemptions (Chec	k appropriate box(es) an	d enter	total in 6c.)	6a. Yourse	elf 6b. Spouse	6c.
	7.	Dependents (If you have more	than 3 dependents, atta	ich a li	st of addition	al depender	nts)	
ENDENTS		First Name, MI.		Last I	Name			
EXEMPTIONS AND DEPEND		Social Security Nun	nber	Relati	onship to You	1		
SNOI		First Name, MI.		Last I	Name			
——▶ EXEMPT		Social Security Numb	er	Relati	onship to You	1		
STEP 2		First Name, MI.		Last	Name			
		Social Security Numb	er	Relat	ionship to Yo	u		





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► CONT.	7a	a. Number of Dependents (DO NOT include yourself or your spouse)		<b></b>	7a.
.P 2 →	7b	b. Add Lines 6c and 7a. Enter total			7b.
STEP 2	If ar	mount on line 8, 9, 10, 13 or 15 is negative, fill in circle. Example:			
INCOME	8.	Federal adjusted gross income (From Federal Form 1040,1040A or 1040 EZ).▶	8.		00
NI ♠		(Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is you must enclose a copy of your Federal Form 1040 Pages 1 and 2.	\$40,000 or r	more, or your gross income is les	ss than your W-2's
	9.	Adjustments from Schedule 1 (See Tax Booklet on Page 11, Line 9)	9.		_ 00
STEP 3	10.	Georgia adjusted gross income (Net total of Line 8 and Line 9)	10.		00
	11.	Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION)  (See Tax Booklet on Page 12 Line 11)	11a.		00
		b. Self: 65 or over? Blind? Spouse: 65 or over? Blind?			
SN		Total x 1,300=	11b.		_ 00
DEDUCTIONS		c. Total Standard Deduction (Line 11a + Line 11b)	11c.		_ 00
DE	12.	Total Itemized Deductions used in computing Federal Taxable Income. If you	u use itemize	ed deductions, <b>you must enclose F</b> e	ederal Schedule A
STEP 4 —		a. Federal Itemized Deductions (Schedule A-Form 1040)	12a.		00
		b. Less adjustments: (SeeTax Booklet on Page 13, Line 12)	12b.		_ 00
(V)		c. Georgia Total Itemized Deductions	12c.		00
	13.	Subtract either Line 11c or Line 12c from Line 10; enter balance	13.		_ 00
	14a	a. Number on Line 6c. multiplied by \$2,700	14a.		00
	14b	o. Number on Line 7a. multiplied by \$3,000	14b.		_ 00
Z	14c	c. Add Lines 14a. and 14b. Enter total	14c.		_ 00
РОТАПО	15.	Georgia taxable income (Line 13 less Line 14c or Schedule. 3, Line 14)	15.		_ 00
TAXCOMPUTATI	16.	Tax (Use Tax Table in the Tax Booklet on Pages 20-22)	16.		_ 00
<b>₹</b>	17.	Credits from Schedule 2, Page 5, Line 12 of Form 500 (Enter total but not more than the amount on Line 16)	17.		00
STEP 5	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 2011 and Form IT-560	20.		00



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	21.	Department U	lse Only	DO NOT WRITE II	N THIS	вох				
	22.	Total prepayme	ent credits (A	Add Lines 19 and 20 )		22.				_ 00
	23.	If Line 18 excee	eds Line 22 e	enter BALANCE DUE STATE		23.				_ 00
	24.	If Line 22 excee	eds Line 18 e	enter OVERPAYMENT amount		24.				_ 00
	25.	Amount to be	credited to	2012 ESTIMATED TAX		25.				00
TINUED	26.	Georgia Wildlif	fe Conservat	tion Fund (No gift of less than	\$1.00)	) <b>&gt;</b> 26.				00
N CON	27.	Georgia Childr	en and Elde	rly Fund (No gift of less than \$	1.00).	27.				00
UTATIO	28.	Georgia Cance	er Research	Fund (No gift of less than \$1.	00)	28.				00
COMP	29.	Statewide Lan	d Conservat	ion Program (No gift of less th	an \$1	.00) 29.				00
TAX	30.	Georgia Nation	nal Guard Fo	oundation (No gift of less than	\$1.00	<b>)</b> 30.				00
1	31.	Dog & Cat Ste	rilization Fur	nd (No gift of less than \$1.00)						_ 00
	32.	Save the Cure	Fund (No g	ift of less than \$1.00)		32.				00
5	33.	Georgia Student Finance Authority Fund (No gift of less than \$1.00) 33.								
	34.	Form 500 UET (Estimated tax penalty)								
STEF	35.									
	36.	(If you are due	a refund) S	ubtract the sum of Lines 25 th	ru 34	from Line 24				00
SN	362			aly)▶ Type: Checking Savings		36b. Debit Card	(	(PAYMENT and NO	) GEORGIA DEPARTME	NT OF REVENUE
OPTIO		booklet instructions on page 13 for		ny) P Type: Checking Savings		36C. Paper Check	l	BALANCE DUE)	PROCESSING CENTE ATLANTA, GA 30374-03	
DEPOSIT		further details.	Account Number					(REFUND)	GEORGIA DEPARTME PROCESSING CENTE ATLANTA, GA 30374-03	R, PO BOX 740380
	Unde belief	gia Public Reven er penalty of perju	ue Code Sect ury, I declare et and comple	LITEMS IN RETURN ENVELOPE. ion 48-2-31 stipulates that taxes s that I have examined this return, etc. Declaration of preparer (other	hall be includi than t	paid in lawful money on accompanying scho	of the U	nited States, free and statements, an	of any expense to th nd to the best of my	knowledge and
SIGNATURE	ıax	cpayer's Signa	luie	(Check box if deceased)		D	DATE			
SIGNA	Spo	ouse's Signat	ure	(Check box if deceased)		D	DATE			
				HAN TAXPAYER						
		you want to author ned preparer.		scuss this return with the						
<b>↑</b>			YES		PRE	EPARER'S FEIN				
1	Sign	nature of Prep		partment of Revenue to	PRE	EPARER'S SSN/PTIN				
electronically notify me at the below e-mail address regarding any updates to my account(s).  PHONE NUMBER				ONE NUMBER						





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SCHEDULE 1 ADJUSTME	NTS to INCOME BASED on	GEORGIA LAW (see Tax Booklet or	Pages 11 and 12)		
ADDITIONS to INCOME				_	
1. Interest on Non-Georgia Mu	nicipal and State Bonds	1.		00	
2. Lump Sum Distributions					
3. Federal deduction for income (IRC Section 199)	attributable to domestic produc	tion activities 3.		_ 00	
4. Other (Specify)		<b>&gt;</b> 4.		_ 00	
5. Total Additions (Enter sum of	of Lines 1-4 here)	<b>5</b> .		00	
SUBTRACTION from INCOM	E			_	
6. Retirement Income Exclusion	on (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 (Ta	xable portion from Federal retu	urn)	·	00	
8. Georgia Higher Education S				00	
9. Interest on United States O				00	
10. Other Adjustments (Specify		<b>3</b> ,			
	,,	A			
Adjustment		Amount		_ 00	
Adjustment		Amount		_ 00	
Adjustment		Amount		00	
Adjustment		Amount		00	
	Total	10.		_ 00	
11. Total Subtractions (Enter su	m of Lines 6-10 here)	11.		00	
12. Net Adjustments (Line 5 les	ss Line 11. Line 9 of Page 2)(+ or -) of Fo	rm 500 12.		00	





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>:	SCHEDULE 2 CREDITS for LINE 17, PAGE 2 (see Tax Booklet on Pages 13 and 16)						
1.	Other State Credit(s) Tax Credit (See Tax Booklet on Page 15)      1.      □						
2.	2. Credits from Form IND-CR (Rural Physicians Credit, Disabled Person Home Purchase or Retrofit Credit, Driver Education Credit, Disabled Person Home Purchase or Retrofit Credit, Driver Education Credit, Disabled Person Home Purchase or Retrofit Credit, Driver Education Credit, Disabled Person Home Purchase or Retrofit Credit, Driver Education Credit, Disabled Person Home Purchase or Retrofit Credit, Driver Education Credit, Disabled Person Home Purchase or Retrofit Credit, Driver Education Credit, Disabled Person Home Purchase or Retrofit Credit, Driver Education						
	ance Credit, Qualified Caregi	ving Expense Credit, Georgia National Guard/Air National G	Guard Credit, Child and Depende	nt Care Expense Credit,			
	Adoption Credit, Eligible Sing	e-Family Residence Credit) 2.		_ 00			
3.	3. Low Emission Vehicle Credit or Zero Emission Vehicle Credit ▶ 3.						
4.	(Requires DNR certification for Qualified Education Expense	or either credit) Credit (Individual/Non pass through)		_00			
5.	Clean Energy Property Credi	t (Individual/Non pass through)		00			
	Pass Through Credits You must list the approp	from Ownership of Sole Proprietor, S Corp., LLC or riate Credit Type Code in the space provided. If you claim on Line 10. See Tax Booklet on Page 16 for a list of available	more than four credits, enclose	a schedule.			
6.	. COMPANY NAME			CREDIT CODE TYPE			
Γ	OWNERSHIP	FEIN	CREDIT CLAIMED ON THIS I	RETURN			
7	COMPANY NAME			CREDIT CODE TYPE			
Γ	OWNERSHIP	FEIN	CREDIT CLAIMED ON THIS I	RETURN			
8	8. COMPANY NAME						
	OWNERSHIP	FEIN	CREDIT CLAIMED ON THIS	RETURN			
9.	COMPANY NAME			CREDIT CODE TYPE			
Г	OWNERSHIP	FEIN	CREDIT CLAIMED ON THIS I	RETURN			
L							
10	10. Any additional pass-through credits claimed (Attach schedule)▶ 10.						
11	11. Low Income Credit (See Tax Booklet). 11a. 11b						

12. Enter the total of Lines 1 through 11 here and on Line 17, Pg. 2 of 500 form.. ▶ 12.





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

2.

1.

4.

3.