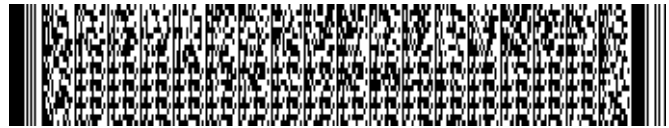




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**Georgia Form 500** (Rev. 06/22/22)

Individual Income Tax Return

Georgia Department of Revenue

2022 (Approved software version)**Page 1**Fiscal Year Beginning **01/01/2022**STATE
ISSUEDFiscal Year Ending **12/31/2022**YOUR DRIVER'S
LICENSE/STATE ID1. YOUR FIRST NAME
AMI YOUR SOCIAL SECURITY NUMBER
490-54-9999LAST NAME (For Name Change See IT-511 Tax Booklet)
A

SUFFIX

SPOUSE'S FIRST NAME
BMI SPOUSE'S SOCIAL SECURITY NUMBER
490-54-8888LAST NAME
A

SUFFIX

DEPARTMENT USE ONLY

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

3. CITY (Please insert a space if the city has multiple names) STATE ZIP CODE

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number 4. **1**

Residency Status

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT TO 3. NONRESIDENT

Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet) 5. **B**

Filing Status

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Surviving Spouse

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself **X** 6b. Spouse **X** 6c. **2**7a. Number of Dependents (Enter details on Line 7b., and DO NOT include yourself or your spouse) 7a. **3****This Page (1) is required for processing**

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2022

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YOUR SOCIAL SECURITY NUMBER
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7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents)

First Name, MI.

C

Last Name

A

Social Security Number

490-54-7777

Relationship to You

SON

First Name, MI.

D

Last Name

A

Social Security Number

490-54-5555

Relationship to You

DAUGHTER

First Name, MI.

D

Last Name

A

Social Security Number

490-54-3333

Relationship to You

DAUGHTER

First Name, MI.

Last Name

Social Security Number

Relationship to You

INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3456.

- | | | |
|---|------|--------|
| 8. Federal adjusted gross income (From Federal Form 1040) | 8. | 200000 |
| (Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1. | | |
| 9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) | 9. | -4000 |
| 10. Georgia adjusted gross income (Net total of Line 8 and Line 9) | 10. | 196000 |
| 11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION) | 11a. | |
| (See IT-511 Tax Booklet) | | |
| b. Self: 65 or over? Blind? Total x 1,300= | 11b. | |
| Spouse: 65 or over? Blind? | | |
| c. Total Standard Deduction (Line 11a + Line 11b) | 11c. | |
| Use EITHER Line 11c OR Line 12c (Do not write on both lines) | | |
| 12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must include Federal Schedule A. | | |
| a. Federal Itemized Deductions (Schedule A-Form 1040) | 12a. | 40000 |
| b. Less adjustments: (See IT-511 Tax Booklet) | 12b. | |
| c. Georgia Total Itemized Deductions | 12c. | 40000 |
| 13. Subtract either Line 11c or Line 12c from Line 10; enter balance | 13. | 156000 |

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14a. Enter the number from Line 6c. **2** Multiply by \$2,700 for filing status A or D 14a. **7400**
or multiply by \$3,700 for filing status B or C

14b. Enter the number from Line 7a. **3** Multiply by \$3,000 14b. **9000**

14c. Add Lines 14a. and 14b. Enter total 14c. **16400**

15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14) 15a. **139600**

15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after
applying the 80% limitation, see IT-511 Tax Booklet for more information) 15b.

15c. Georgia Taxable Income (Line 15a less Line 15b) 15c. **139600**

16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet) 16. **7792**

17. Low Income Credit 17a. 17b. 17c.

18. Other State(s) Tax Credit (Include a copy of the other state(s) return) 18.

19. Credits used from IND-CR Summary Worksheet 19.

20. **Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)** 20.

21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16 21.

22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero 22. **7792**

INCOME STATEMENT DETAILS Only enter income on which Georgia tax was withheld. Enter income 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**.

(INCOME STATEMENT A)			(INCOME STATEMENT B)			(INCOME STATEMENT C)		
1. WITHHOLDING TYPE:			1. WITHHOLDING TYPE:			1. WITHHOLDING TYPE:		
W-2	G2-A	G2-LP	W-2	G2-A	G2-LP	W-2	G2-A	G2-LP
1099	G2-FL	G2-RP	1099	G2-FL	G2-RP	1099	G2-FL	G2-RP
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN			2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN			2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN		
3. EMPLOYER/PAYER STATE WITHHOLDING ID			3. EMPLOYER/PAYER STATE WITHHOLDING ID			3. EMPLOYER/PAYER STATE WITHHOLDING ID		
4. GA WAGES / INCOME			4. GA WAGES / INCOME			4. GA WAGES / INCOME		
5. GA TAX WITHHELD			5. GA TAX WITHHELD			5. GA TAX WITHHELD		

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

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(INCOME STATEMENT D)			(INCOME STATEMENT E)			(INCOME STATEMENT F)		
1. WITHHOLDING TYPE:			1. WITHHOLDING TYPE:			1. WITHHOLDING TYPE:		
W-2	G2-A	G2-LP	W-2	G2-A	G2-LP	W-2	G2-A	G2-LP
1099	G2-FL	G2-RP	1099	G2-FL	G2-RP	1099	G2-FL	G2-RP
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)	SSN		2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)	SSN		2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)	SSN	
3. EMPLOYER/PAYER STATE WITHHOLDING ID			3. EMPLOYER/PAYER STATE WITHHOLDING ID			3. EMPLOYER/PAYER STATE WITHHOLDING ID		
4. GA WAGES / INCOME			4. GA WAGES / INCOME			4. GA WAGES / INCOME		
5. GA TAX WITHHELD			5. GA TAX WITHHELD			5. GA TAX WITHHELD		
23. Georgia Income Tax Withheld on Wages and 1099s		23.						
(Enter Tax Withheld Only and include W-2s and/or 1099s)								
24. Other Georgia Income Tax Withheld		24.						
(Must include G2-A, G2-FL, G2-LP and/or G2-RP)								
25. Estimated Tax paid for 2022 and Form IT-560		25.						
26. Schedule 2B Refundable Tax Credits		26.						
(Cannot be claimed unless filed electronically)								
27. Total prepayment credits (Add Lines 23, 24, 25 and 26)		27.						
28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter balance due		28.						7792
29. If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter overpayment		29.						
30. Amount to be credited to 2023 ESTIMATED TAX		30.						
31. Georgia Wildlife Conservation Fund (No gift of less than \$1.00)		31.						
32. Georgia Fund for Children and Elderly (No gift of less than \$1.00)		32.						
33. Georgia Cancer Research Fund (No gift of less than \$1.00)		33.						
34. Georgia Land Conservation Program (No gift of less than \$1.00)		34.						
35. Georgia National Guard Foundation (No gift of less than \$1.00)		35.						
36. Dog & Cat Sterilization Fund (No gift of less than \$1.00)		36.						
37. Saving the Cure Fund (No gift of less than \$1.00)		37.						
38. Realizing Educational Achievement Can Happen (REACH) Program (No gift of less than \$1.00)		38.						

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39. Public Safety Memorial Grant (No gift of less than \$1.00) 39.
40. Form 500 UET (Estimated tax penalty) 500 UET exception attached 40. **327**
41. Penalty: Late Payment and/or Late Filing 41.
42. Interest 42.
43. (If you owe) Add Lines 28, 31 thru 42. 43. **8119**
MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE,
Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER,
PO BOX 740399 ATLANTA, GA 30374-0399

44. (If you are due a refund) Subtract the sum of Lines 30 thru 42 from Line 29
THIS IS YOUR REFUND 44.
Refund Due Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER,
PO BOX 740380 ATLANTA, GA 30374-0380

If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.

44a. Direct Deposit (U.S. Accounts Only) Type: Checking Savings

Routing Number	Account Number
-------------------	-------------------

Mail pages 1-5 and any applicable schedules, forms, and documentation. DO NOT staple pages.

I/We declare under the 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.

Taxpayer's Signature (Check box if deceased)

Spouse's Signature (Check box if deceased)

Taxpayer's Date of Death

Spouse's Date of Death

Taxpayer's Signature Date

Taxpayer's Phone Number

Spouse's Signature Date

By providing my e-mail address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Taxpayer's E-mail Address

I authorize DOR to discuss this return with the named preparer.

Preparer's Phone Number

Signature of Preparer
Name of Preparer Other Than Taxpayer

Preparer's FEIN

Preparer's Firm Name

Preparer's SSN/PTIN/SIDN

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