



Georgia Form **500** (Rev. 08/01/24)
Individual Income Tax Return
Georgia Department of Revenue
2024 (Approved software version)

Page **1**

Fiscal Year Beginning **01/01/2024** STATE ISSUED
Fiscal Year Ending **12/31/2024** YOUR DRIVER'S LICENSE/STATE ID

YOUR FIRST NAME
A

MI
A

YOUR SOCIAL SECURITY NUMBER
490-54-9999

LAST NAME (For Name Change See IT-511 Tax Booklet)
A

SUFFIX

SPOUSE'S FIRST NAME

MI

SPOUSE'S SOCIAL SECURITY NUMBER

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

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

Residency Status

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

4. **1**

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)

Filing Status

A. Single B. Married filing jointly C. Married filing separately (Spouse's social security number must be entered above) D. Head of household or Qualifying surviving spouse

5. **D**

6a. Your Date of Birth **01/01/1994**

6b. Spouse's Date of Birth

7a. Number of Qualified Dependents* **1**

7b. Number of Unborn Dependents **0**

7c. Total Number of Dependents **1**

*Enter details on Line 7d., and DO NOT include yourself, spouse and/or your unborn dependents. See IT-511 Tax Booklet.

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7d. Qualified Dependents. (If you have more than 4 dependents, attach a list of additional dependents)

First Name, MI.
N

Last Name
A

Social Security Number
490-54-8888

Relationship to You
SON

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You

DO NOT FILE

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. | 35000 |
| (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. | |
| 10. Georgia adjusted gross income (Net total of Line 8 and Line 9) | 10. | 35000 |
| 11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION) | 11. | 12000 |
| (See IT-511 Tax Booklet) | | |
| Enter \$12,000 if the filing status from Line 5 is A, C, or D. If the filing status is B, enter \$24,000. | | |
| Use EITHER Line 11 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. | | |
| b. Less adjustments: (See IT-511 Tax Booklet). 12b. | | |
| c. Georgia Total Itemized Deductions 12c. | | |
| 13. Subtract either Line 11 or Line 12c from Line 10; enter balance | 13. | 23000 |

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Georgia Department of Revenue
2024



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14. Enter the number from Line 7c. **1** Multiply by \$4,000 14. **4000**

15a. Income before GA NOL (Line 13 less Line 14 or Schedule 3, Line 14) 15a. **19000**

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 (Subtract Line 15b from Line 15a) 15c. **19000**

16. Tax (Multiply Line 15c by 5.39%. Round to the nearest dollar) 16. **1024**

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

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

19. Georgia Resident Itemized Tax Credit (See IT-511 Tax Booklet) 19.

20. Credits used from IND-CR Summary Worksheet 20. **150**

21. **Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)** 21.

22. Total Credits Used (sum of Lines 17-21) cannot exceed Line 16. 22. **150**

23. Balance (Subtract Line 22 from Line 16) if zero or less than zero, enter zero . . . 23. **874**

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: W-2 G2-A G2-LP 1099 G2-FL G2-RP	1. WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP	1. WITHHOLDING TYPE: W-2 G2-A G2-LP 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		
24.	Georgia Income Tax Withheld on Wages and 1099s					24.		
	(Enter Tax Withheld Only and include W-2s and/or 1099s)							
25.	Other Georgia Income Tax Withheld					25.		
	(Must include G2-A, G2-FL, G2-LP and/or G2-RP)							
26.	Estimated Tax paid for 2024 and Form IT-560					26.		
27.	Schedule 2B Refundable Tax Credits					27.		
	(Cannot be claimed unless filed electronically)							
28.	Total prepayment credits (Add Lines 24, 25, 26 and 27)					28.		
29.	If Line 23 exceeds Line 28, subtract Line 28 from Line 23 and enter balance due					29.	874	
30.	If Line 28 exceeds Line 23, subtract Line 23 from Line 28 and enter overpayment.					30.		
31.	Amount to be credited to 2025 ESTIMATED TAX					31.		
32.	Georgia Wildlife Conservation Fund (No gift of less than \$1.00)					32.		
33.	Georgia Fund for Children and Elderly (No gift of less than \$1.00).					33.		
34.	Georgia Cancer Research Fund (No gift of less than \$1.00).					34.		
35.	Georgia Land Conservation Program (No gift of less than \$1.00)					35.		
36.	Georgia National Guard Foundation (No gift of less than \$1.00)					36.		
37.	Dog & Cat Sterilization Fund (No gift of less than \$1.00).					37.		
38.	Saving the Cure Fund (No gift of less than \$1.00)					38.		
39.	Realizing Educational Achievement Can Happen (REACH) Program					39.		
	(No gift of less than \$1.00)							



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40. Public Safety Memorial Grant (No gift of less than \$1.00) 40.
41. Disabled Veterans' Scholarship Fund (No gift of less than \$1.00) 41.
42. Form 500 UET (Estimated tax penalty) 500 UET exception attached 42.
43. Penalty: Late Payment and/or Late Filing 43.
44. Interest 44.
45. (If you owe) Add Lines 29, 32 through 44 45.

37

911

MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE.
Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER,
PO BOX 740399 ATLANTA, GA 30374-0399

46. (If you are due a refund) Subtract the sum of Lines 31 thru 44 from Line 30
THIS IS YOUR REFUND 46.

Refund Due Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER,
PO BOX 740392 ATLANTA, GA 30374-0392

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

- 46a. Direct Deposit (U.S. Accounts Only) Type: Checking Savings

Routing Number	Account Number
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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