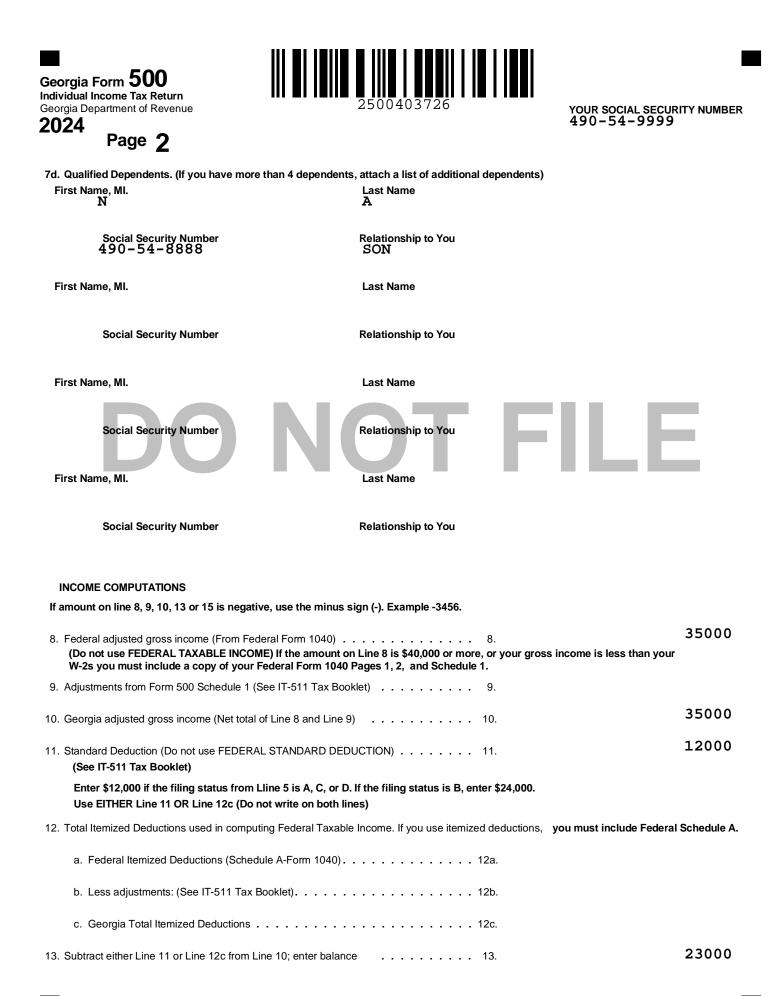


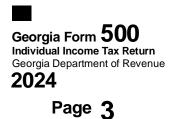


Georgia Form 500 (Rev. 08/01/24) Individual Income Tax Return Georgia Department of Revenue 2024 (Approved software version) Page 1 Fiscal Year STATE Beginning 01/01/2024 ISSUED YOUR DRIVER'S Fiscal Year 12/31/2024 LICENSE/STATE ID Ending YOUR SOCIAL SECURITY NUMBER 490-54-9999 YOUR FIRST NAME М 1. **A** LAST NAME (For Name Change See IT-511 Tax Booklet) SUFFIX Α SPOUSE'S FIRST NAME MI SPOUSE'S SOCIAL SECURITY NUMBER DEPARTMENT USE ONLY LAST NAME SUFFIX CHECK IF ADDRESS HAS CHANGED ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) 2. **ZIP CODE** CITY (Please insert a space if the city has multiple names) STATE 3. (COUNTRY IF FOREIGN) Residency Status 4. Enter your Residency Status with the appropriate number 4. 1 1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT 3. NONRESIDENT то Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer. Filing Status 5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet) 5. D . A. Single C. Married filing separately (Spouse's social security number must be entered above) B. Married filing jointly D. Head of household or Qualifying surviving spouse 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. All Pages (1-5) are required for processing



All Pages (1-5) are required for processing





YOUR SOCIAL SECURITY NUMBER 490-54-9999

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 STATEM	ENT A)			(INCO	OME STATEM	ENT B)			(INCOME STATEM	IENT C)	
1.	WITHHOLDING TY	PE:		1.	WITH	HOLDING TY	PE:		1.	WITHHOLDING TY	'PE:	
	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	R FEDERAL		2.	EMPI	LOYER/PAYER	R FEDERAL		2.	EMPLOYER/PAYE	R FEDERAL	
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5.	GA TAX WITHHELI	D		5.	GA TA	X WITHHELD			5.	GA TAX WITHHEL	D	

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

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YOUR SOCIAL SECURITY NUMBER 490-54-9999

Page 4

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37. Dog & Cat Sterilization Fund (No gift of less than \$1.00)	37.	Dog & Cat Sterilization Fund (No gift of less th	han	\$1.00)		37.				
38. Saving the Cure Fund (No gift of less than \$1.00)	38.	Saving the Cure Fund (No gift of less than \$1.	.00))		38.				
39. Realizing Educational Achievement Can Happen (REACH) Program 39.	39.	Realizing Educational Achievement Can Happe	en ((REACH) Program		39.				
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Digia Department of Revenue		2300103730	YOUR SOCIAL SECURITY NUMB	ER
Public Safety Memorial Grant	(No gift of less than \$1.00)			
Disabled Veterans' Scholarship	Fund (No gift of less than \$1.00)	41.		
Form 500 UET (Estimated t	ax penalty) 500 UET exceptio	on attached 42.		37
Penalty: Late Payment and/or L	ate Filing			
Interest				
(If you owe) Add Lines 29, 3	32 through 44			911
	EORGIA DEPARTMENT OF REVENUE. NT OF REVENUE PROCESSING CENTER, 30374-0399			
PO BOX 740392 ATLANTA, GA 30	374-0392			
If you do not enter Direct Deposit Direct Deposit (U.S. Accounts Onl Routing Number	information or if you are a first time filer yo) Type: Checking Savings			
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Preparer's Firm Name

Preparer's SSN/PTIN/SIDN