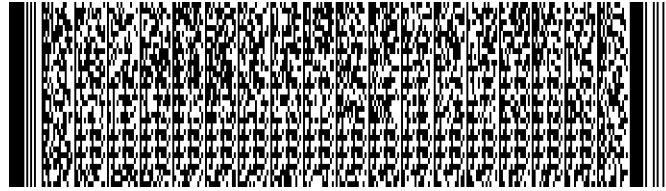




1800405018



Georgia Form **500** (Rev. 06/22/17)

Page 1

Individual Income Tax Return

Georgia Department of Revenue

2017 (Approved software version)

Fiscal Year Beginning 01/01/2017

Fiscal Year Ending 12/31/2017

YOUR DRIVER'S LICENSE/STATE ID

STATE ISSUED

YOUR FIRST NAME
1. GEORGE

MI
E

YOUR SOCIAL SECURITY NUMBER
987-65-4321

LAST NAME
CREDIT

SUFFIX

SPOUSE'S FIRST NAME
GEORGIA

MI
E

SPOUSE'S SOCIAL SECURITY NUMBER
123-45-6789

LAST NAME
CREDIT

SUFFIX

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED
2. 5555 SOUTH LEE STREET

CITY (Please insert a space if the city has multiple names)
3. AMERICUS

STATE
GA

ZIP CODE
31709

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number **4. 1**
1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT TO 3. NONRESIDENT

Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Form 500 Schedule 3.

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

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 Widow(er)

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself 6b. Spouse 6c. 2



- 7a. Number of Dependents (Enter details on Line 7c., and DO NOT include yourself or your spouse) ▶ 7a. 1
- 7b. Enter the total number of exemptions and dependents (Add Lines 6c and 7a) ▶ 7b. 3
- 7c. Dependents (If you have more than 5 dependents, attach a list of additional dependents)

First Name, MI. JOHN B	Last Name CREDIT
Social Security Number 333-33-3333	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

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 -3,456.
8. Federal adjusted gross income (From Federal Form 1040, 1040A or 1040EZ) ▶ 8. 130670
(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 and 2.
9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) ▶ 9. 1300
10. Georgia adjusted gross income (Net total of Line 8 and Line 9) ▶ 10. 131970



11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION) ...	▶ 11a.	
(See IT-511 Tax Booklet)		
b. Self: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/>		
Spouse: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/>		
Total x 1,300=	▶ 11b.	
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.	23300
b. Less adjustments: (See IT-511 Tax Booklet)	▶ 12b.	
c. Georgia Total Itemized Deductions	▶ 12c.	23300
13. Subtract either Line 11c or Line 12c from Line 10; enter balance	▶ 13.	108670
14a. Enter the number from Line 6c. 2 Multiply by \$2,700 for filing status A or D OR multiply by \$3,700 for filing status B or C	▶ 14a.	7400
14b. Enter the number from Line 7a. 1 Multiply by \$3,000	▶ 14b.	3000
14c. Add Lines 14a. and 14b. Enter total	▶ 14c.	10400
15. Georgia taxable income (Line 13 less Line 14c or Schedule 3, Line 14)	▶ 15.	98270
16. Tax (Use Tax Table in the IT-511 Tax Booklet)	▶ 16.	5635
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	▶ 20.	1300
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	▶ 21.	1300
22. Balance (Line 16 less Line 21) if zero or less than zero	▶ 22.	4335
23. Georgia Income Tax Withheld on Wages and 1099s	▶ 23.	5000
(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)		

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.



INCOME STATEMENT DETAILS Only enter income on which Georgia Tax was withheld. Enter 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: <input checked="" type="checkbox"/> W-2s <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099s <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP	1. WITHHOLDING TYPE: <input type="checkbox"/> W-2s <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099s <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP	1. WITHHOLDING TYPE: <input type="checkbox"/> W-2s <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099s <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input checked="" type="checkbox"/> SSN <input type="checkbox"/> 582222222	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/>	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/>
3. EMPLOYER/PAYER STATE WITHHOLDING ID 9999999ZZ	3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME 130000	4. GA WAGES / INCOME	4. GA WAGES / INCOME
5. GA TAX WITHHELD 5000	5. GA TAX WITHHELD	5. GA TAX WITHHELD
(INCOME STATEMENT D)	(INCOME STATEMENT E)	(INCOME STATEMENT F)
1. WITHHOLDING TYPE: <input type="checkbox"/> W-2s <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099s <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP	1. WITHHOLDING TYPE: <input type="checkbox"/> W-2s <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099s <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP	1. WITHHOLDING TYPE: <input type="checkbox"/> W-2s <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099s <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/>	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/>	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/>
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 the Supplemental W-2 Income Statement if additional space is needed.

25. Estimated Tax paid for 2017 and Form IT-560	▶ 25.	
26. Total prepayment credits (Add Lines 23, 24 and 25)	▶ 26.	5000
27. If Line 22 exceeds Line 26, subtract Line 26 from Line 22 and enter balance due	▶ 27.	
28. If Line 26 exceeds Line 22, subtract Line 22 from Line 26 and enter overpayment	▶ 28.	665
29. Amount to be credited to 2018 ESTIMATED TAX	▶ 29.	



- 30. Georgia Wildlife Conservation Fund (No gift of less than \$1.00) ▶ 30.
- 31. Georgia Fund for Children and Elderly (No gift of less than \$1.00) ▶ 31.
- 32. Georgia Cancer Research Fund (No gift of less than \$1.00) ▶ 32.
- 33. Georgia Land Conservation Program (No gift of less than \$1.00) ▶ 33.
- 34. Georgia National Guard Foundation (No gift of less than \$1.00) ▶ 34.
- 35. Dog & Cat Sterilization Fund (No gift of less than \$1.00) ▶ 35.
- 36. Saving the Cure Fund (No gift of less than \$1.00) ▶ 36.
- 37. Realizing Educational Achievement Can Happen (REACH) Program ▶ 37.
 (No gift of less than \$1.00)
- 38. Public Safety Memorial Grant (No gift of less than \$1.00) ▶ 38.
- 39. Form 500 UET (Estimated tax penalty) 500 UET exception attached ... ▶ 39.
- 40. (If you owe) Add Lines 27, 30 thru 39
MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE ▶ 40.
- 41. (If you are due a refund) Subtract the sum of Lines 29 thru 39 from Line 28
THIS IS YOUR REFUND ▶ 41.

665

41a. **Direct Deposit** (For U.S. Accounts Only) Type: **Checking** **Savings** Routing Number

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

(PAYMENT) PROCESSING CENTER
 GEORGIA DEPARTMENT OF REVENUE
 PO BOX 740399
 ATLANTA, GA 30374-0399

(REFUND and NO BALANCE DUE) PROCESSING CENTER
 GEORGIA DEPARTMENT OF REVENUE
 PO BOX 740380
 ATLANTA, GA 30374-0380

INCLUDE ALL ITEMS IN ENVELOPE. **DO NOT STAPLE YOUR CHECK, W-2s, OTHER WITHHOLDING DOCUMENTS, OR TAX RETURN**
 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. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

Taxpayer's Signature (Check box if deceased)

Spouse's Signature (Check box if deceased)

Date

Date

Taxpayer's Phone Number

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

745013 08-18-17



SCHEDULE 1 ADJUSTMENTS to INCOME BASED on GEORGIA LAW (See IT-511 Tax Booklet)

ADDITIONS to INCOME

1. Interest on Non-Georgia Municipal and State Bonds	▶	1.	
2. Lump Sum Distributions	▶	2.	
3. Federal deduction for income attributable to domestic production activities (IRC Section 199)	▶	3.	
4. Net operating loss carryover deducted on Federal return	▶	4.	
5. Other (Specify) STMT 1	▶	5.	1300
6. Total Additions (Enter sum of Lines 1-5 here)	▶	6.	1300

SUBTRACTION from INCOME

7. Retirement Income Exclusion (See IT-511 Tax Booklet) Complete Schedule 1, page 2 if claiming Retirement Income Exclusion.			
a. Self: Date of Birth	Date of Disability:	Type of Disability:	
			7a.
b. Spouse: Date of Birth	Date of Disability:	Type of Disability:	
			7b.
8. Social Security Benefits (Taxable portion from Federal return)	▶	8.	
9. Path2College 529 Plan	▶	9.	
10. Interest on United States Obligations (See IT-511 Tax Booklet)	▶	10.	
11. Georgia Net Operating loss carryover from previous years (List only the amount used in 2017, see IT-511 Tax Booklet)	▶	11.	
12. Other Adjustments (Specify)	Adjustment		Amount
	Adjustment		Amount
	Adjustment		Amount
	Adjustment		Amount
	Total	▶	12.
13. Total Subtractions (Enter sum of Lines 7-12 here)	▶	13.	
14. Net Adjustments (Line 6 less Line 13). Enter Net Total here and on Line 9 of Page 2 (+ or -) of Form 500 or Form 500X	▶	14.	1300

GA 500	ADJUSTMENTS TO INCOME - ADDITIONS	STATEMENT	1
<u>DESCRIPTION</u>		<u>AMOUNT</u>	
QUALIFIED EDUCATION EXPENSE CREDIT ADJUSTMENT		1,300.	
TOTAL TO FORM 500, SCHEDULE 1, LINE 5		1,300.	



Schedule 2
Georgia Tax Credits

YOUR SOCIAL SECURITY NUMBER
987-65-4321

2017 (Approved software version)

SCHEDULE 2 GEORGIA TAX CREDIT USAGE AND CARRYOVER

See IT-511 Tax Booklet for Instructions

For the credit generated this year (series 100), list the Company/Individual Name, FEIN/SSN, Credit Certificate Number, if applicable, and % of credit (purchased credits should also be included). If the credit originated with this taxpayer, enter this taxpayer's name and FEIN/SSN below and 100% for the percentage.

1. First Credit Code ▶ 1. 125
2. Credit remaining from previous years (If from a business, do not include amounts elected to be applied to withholding) ▶ 2.
3. Company/Individual Name % of Credit
GEORGE E. CREDIT 100.00

Credit Certificate # FEIN/SSN Credit Generated in 2017
99988877 987654321 1300

4. Company/Individual Name % of Credit

Credit Certificate # FEIN/SSN Credit Generated in 2017

5. Company/Individual Name % of Credit

Credit Certificate # FEIN/SSN Credit Generated in 2017

6. Total available credit for 2017 (sum of Lines 2 through 5) ▶ 6. 1300

7. Enter the amount of the credit sold (Conservation Tax Credits, Film Tax Credits and certain Historic Rehabilitation Tax Credits) ▶ 7.

8. Credit Used in 2017 ▶ 8. 1300

9. Potential carryover to 2018 (Line 6 less Lines 7 and 8) ▶ 9.

10. Second Credit Code ▶ 10.

11. Credit remaining from previous years (If from a business, do not include amounts elected to be applied to withholding) ▶ 11.

12. Company/Individual Name % of Credit

Credit Certificate # FEIN/SSN Credit Generated in 2017

13. Company/Individual Name % of Credit

Credit Certificate # FEIN/SSN Credit Generated in 2017



SCHEDULE 2 GEORGIA TAX CREDIT USAGE AND CARRYOVER

(continued)

14. **Company/Individual Name** % of Credit

Credit Certificate #	FEIN/SSN	Credit Generated in 2017
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15. Total available credit for 2017 (sum of Lines 11 through 14) ▶ 15.

16. Enter the amount of the credit sold (Conservation Tax Credits, Film Tax Credits and certain Historic Rehabilitation Tax Credits) ▶ 16.

17. Credit Used in 2017 ▶ 17.

18. Potential carryover to 2018 (Line 15 less Lines 16 and 17) ▶ 18.

19. Third Credit Code ▶ 19.

20. Credit remaining from previous years (If from a business, do not include amounts elected to be applied to withholding) ▶ 20.

21. **Company/Individual Name** % of Credit

Credit Certificate #	FEIN/SSN	Credit Generated in 2017
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22. **Company/Individual Name** % of Credit

Credit Certificate #	FEIN/SSN	Credit Generated in 2017
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23. **Company/Individual Name** % of Credit

Credit Certificate #	FEIN/SSN	Credit Generated in 2017
-----------------------------	-----------------	---------------------------------

745262 08-18-17

24. Total available credit for 2017 (sum of Lines 20 through 23) ▶ 24.

25. Enter the amount of the credit sold (Conservation Tax Credits, Film Tax Credits and certain Historic Rehabilitation Tax Credits) ▶ 25.

26. Credit Used in 2017 ▶ 26.

27. Potential carryover to 2018 (Line 24 less Lines 25 and 26) ▶ 27.

28. **Total Credit Used in 2017** (sum of Line 8, Line 17 and 26) enter here and include on Form 500 or Form 500X, page 3 Line 20 ▶ 28.

1300



1406505015

Georgia Form IT-QEE-TP2 (Last Rev. 9/13)
Qualified Education Expense Credit Computation
Georgia Department of Revenue

This form is the third step in the process of the income tax credit for qualified education expenses. This form is completed by the taxpayer and attached to their income tax return when it is filed. This form is used to compute the income tax credit for qualified education expenses.

FIRST NAME OR NAME OF ENTITY MI TAXPAYER IDENTIFICATION NUMBER
GEORGE E 987-65-4321
LAST NAME IF INDIVIDUAL SUFFIX

DEPARTMENT USE ONLY

CREDIT

- CORPORATION
INDIVIDUAL FILING SINGLE OR HEAD OF HOUSEHOLD
INDIVIDUAL FILING MARRIED JOINT RETURN
INDIVIDUAL FILING MARRIED SEPARATE RETURN
FIDUCIARY
INDIVIDUAL MEMBER OF A LIMITED LIABILITY COMPANY SHAREHOLDER OF A S CORPORATION OR PARTNER IN A PARTNERSHIP

If I deducted this amount from my Federal income, I added it back to my Georgia income tax. (If it was not, the credit cannot be claimed)
I did not designate this amount for a particular individual. (If you did, the credit cannot be claimed)
Did you receive the IT-QEE-SSO1 from the SSO? (If a paper return is filed, it must be attached to the return)

A. Individuals

Fill in either A, B, or C

Table with 3 rows: 1. Total amount expended 1300; 2. Fill in the pre-approved amount here from the form IT-QEE-TP1 that was returned to you by the Department 1300; 3. Tentative credit allowed before income tax liability limitation. The lesser of line 1 or 2 1300

B. Individuals who are members of a Limited Liability Company, Shareholders of a Subchapter S Corporation or Partners in a Partnership

Table with 6 rows: 1. Total amount expended; 2. Total amount approved; 3. Georgia Income from Taxpayer selected pass through entities; 4. Percentage Limitation 6%; 5. Multiply line 3 by line 4; 6. Credit allowed. Lesser of lines 1, 2, or 5