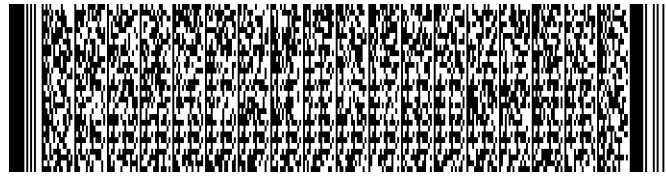




1900405019



Georgia Form 500 (Rev. 08/17/18)

Individual Income Tax Return

Georgia Department of Revenue

2018 (Approved software version)

Page 1

FOR INFORMATIONAL PURPOSES ONLY. WE DO NOT PROVIDE TAX ADVICE.

PLEASE CONSULT YOUR OWN TAX ADVISER.

Fiscal Year Beginning 01/01/2018

Fiscal Year Ending 12/31/2018

YOUR DRIVER'S LICENSE/STATE ID

STATE ISSUED

YOUR FIRST NAME MI YOUR SOCIAL SECURITY NUMBER
1. GEORGE E 987-65-4321

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

SPOUSE'S FIRST NAME MI SPOUSE'S SOCIAL SECURITY NUMBER
GEORGIA E 123-45-6789

LAST NAME SUFFIX
CREDIT

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) STATE ZIP CODE
3. AMERICUS GA 31709

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number Residency Status
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) Filing Status
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 [X] 6b. Spouse [X] 6c. 2

7a. Number of Dependents (Enter details on Line 7b., and DO NOT include yourself or your spouse) 7a. 1

845001 08-28-18

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING



YOUR SOCIAL SECURITY NUMBER
 987-65-4321

Page 2

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

FOR INFORMATIONAL PURPOSES ONLY. WE DO NOT PROVIDE TAX ADVICE. PLEASE CONSULT YOUR OWN TAX ADVISER.

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

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)	8.	130665
(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.	1300
10. Georgia adjusted gross income (Net total of Line 8 and Line 9)	10.	131965
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"/> Total x 1,300=	11b.	
Spouse: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/>		
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.	24300
b. Less adjustments: (See IT-511 Tax Booklet)	12b.	
c. Georgia Total Itemized Deductions	12c.	24300
13. Subtract either Line 11c or Line 12c from Line 10; enter balance	13.	107665



YOUR SOCIAL SECURITY NUMBER
 987-65-4321

FOR INFORMATIONAL PURPOSES ONLY.
PLEASE CONSULT YOUR OWN TAX ADVISER.

14a. Enter the number from Line 6c. 2 Multiply by \$2,700 for filing status A or D 14a. or multiply by \$3,700 for filing status B or C		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.	97265
16. Tax (Use Tax Table in the IT-511 Tax Booklet)	16.	5575
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.	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, enter zero	22.	4275

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: <input checked="" type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP	1. WITHHOLDING TYPE: <input type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP	1. WITHHOLDING TYPE: <input type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <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"/>	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"/>
58222222		
3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID
9999999ZZ		
4. GA WAGES / INCOME	4. GA WAGES / INCOME	4. GA WAGES / INCOME
130000		
5. GA TAX WITHHELD	5. GA TAX WITHHELD	5. GA TAX WITHHELD
5000		

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.
ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING



YOUR SOCIAL SECURITY NUMBER
 987-65-4321

2018

FOR INFORMATIONAL PURPOSES ONLY.

Page 4

PLEASE CONSULT YOUR OWN TAX ADVISER.

(INCOME STATEMENT D)

1. WITHHOLDING TYPE:
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN

(INCOME STATEMENT E)

1. WITHHOLDING TYPE:
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN

(INCOME STATEMENT F)

1. WITHHOLDING TYPE:
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
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.	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)		
25. Estimated Tax paid for 2018 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.	725
29. Amount to be credited to 2019 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.	



YOUR SOCIAL SECURITY NUMBER
987-65-4321

2018 **FOR INFORMATIONAL PURPOSES ONLY.**
Page 5 **PLEASE CONSULT YOUR OWN TAX ADVISER.**

- 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.

Amount Due Mail To:
 GEORGIA DEPARTMENT OF REVENUE
 PROCESSING CENTER, PO BOX 740399
 ATLANTA, GA 30374-0399

- 41. (If you are due a refund) Subtract the sum of Lines 29 thru 39 from Line 28
THIS IS YOUR REFUND 41. 725

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

41a. Direct Deposit (U.S. Accounts Only)

Type: Checking
 Savings

Routing
Number

 Account
Number

Refund Due Mail To:
 GEORGIA DEPARTMENT OF REVENUE
 PROCESSING CENTER, 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.

By providing my email 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 Email Address

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

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

FOR INFORMATIONAL PURPOSES ONLY. PLEASE CONSULT YOUR OWN TAX ADVISER.

Georgia Form 500 (Rev. 08/17/18)



Schedule 2 Page 1

Schedule 2 Georgia Tax Credits

YOUR SOCIAL SECURITY NUMBER 987-65-4321

2018 (Approved software version)

SCHEDULE 2 GEORGIA TAX CREDIT USAGE AND CARRYOVER

See IT-511 Tax Booklet

Table with 12 rows detailing credit usage and carryover. Includes columns for line number, description, company name, credit certificate #, FEIN/SSN, credit generated, and percentage of credit.

CREDITS MUST BE FILED ELECTRONICALLY

CREDITS MUST BE FILED ELECTRONICALLY

Georgia Form 500 (Rev. 08/17/18)



Schedule 2 Page 2

Schedule 2 Georgia Tax Credits

YOUR SOCIAL SECURITY NUMBER 987-65-4321

2018 (Approved software version)

SCHEDULE 2 GEORGIA TAX CREDIT USAGE AND CARRYOVER

See IT-511 Tax Booklet

CREDITS MUST BE FILED ELECTRONICALLY

CREDITS MUST BE FILED ELECTRONICALLY

1. Credit Code	1.		
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
CREDIT CERTIFICATE #	FEIN/SSN		CREDIT GENERATED THIS TAX YEAR
4. COMPANY/INDIVIDUAL NAME			% OF CREDIT
CREDIT CERTIFICATE #	FEIN/SSN		CREDIT GENERATED THIS TAX YEAR
5. COMPANY/INDIVIDUAL NAME			% OF CREDIT
CREDIT CERTIFICATE #	FEIN/SSN		CREDIT GENERATED THIS TAX YEAR
6. COMPANY/INDIVIDUAL NAME			% OF CREDIT
CREDIT CERTIFICATE #	FEIN/SSN		CREDIT GENERATED THIS TAX YEAR
7. COMPANY/INDIVIDUAL NAME			% OF CREDIT
CREDIT CERTIFICATE #	FEIN/SSN		CREDIT GENERATED THIS TAX YEAR
8. COMPANY/INDIVIDUAL NAME			% OF CREDIT
CREDIT CERTIFICATE #	FEIN/SSN		CREDIT GENERATED THIS TAX YEAR
9. Total available credit for this tax year (sum of Lines 2 through 8)	9.		
10. Enter the amount of the credit sold (Conservation Tax Credits, Film Tax Credits, Postproduction Film Tax Credits, and certain Historic Rehabilitation Tax Credits)	10.		
11. Credit used for this tax year	11.		
12. Potential carryover to next tax year (Line 9 less Lines 10 and 11)	12.		



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Georgia Form IT-QEE-TP2 (Last Rev. 9/26/18)

Qualified Education Expense Credit Computation
Georgia Department of Revenue

FOR INFORMATIONAL PURPOSES ONLY, PLEASE CONSULT YOUR OWN ADVISER.

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?

Fill in either A, B, or C

A. Individuals

- 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

- 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