



1000405019

Version 1

Georgia Form 500 (Rev. 11/09)

Individual Income Tax Return

Georgia Department of Revenue

2009 (Approved software version)

DEL  EXT

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

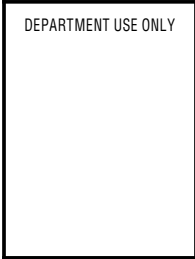
Special Program Code
See Tax Booklet on Page 8

LAST NAME 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 STATE ZIP CODE
3. AMERICUS GA 31709

(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

Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Schedule 3 of Form 500, page 6

5. Enter Filing Status with appropriate letter (See Tax Booklet Page 10) 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 Widow(er)
5. B

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

7. Dependents - (If you have more than 3 dependents, attach a list of additional dependents)

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

First Name, MI. Last Name
Social Security Number Relationship to You

First Name, MI. Last Name
Social Security Number Relationship to You



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7a. Number of Dependents (DO NOT include yourself or your spouse) .....	▶	7a.	1	
7b. Add Lines 6c and 7a. Enter total .....	▶	7b.	3	
<b>If amount on line 8, 9, 10, 13 or 15 is negative, check box. Example:</b> <input checked="" type="checkbox"/>				
8. Federal adjusted gross income (From Federal Form 1040, 1040A or 1040EZ) .....	▶	<input type="checkbox"/> 8.	130,000	
<b>(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-2's, you must enclose a copy of your Federal Form 1040 Pages 1 and 2.</b>				
9. Adjustments from Schedule 1 (see Tax Booklet on Page 10, Line 9) .....	▶	<input type="checkbox"/> 9.	2,500	
10. Georgia adjusted gross income (Net total of Line 8 and Line 9) .....	▶	<input type="checkbox"/> 10.	132,500	
11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION) .....	▶	11a.		
<b>See Tax Booklet on Page 11 Line 11</b>				
b. Self: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/> Spouse: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/>				
Total of boxes x 1,300= .....	▶	11b.		
c. Total Standard Deduction (Line 11a + Line 11b) .....	▶	11c.		
<b>Use EITHER Line 11c OR Line 12c (Do not write on both lines)</b>				
12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must enclose Federal Schedule A				
a. Federal Itemized Deductions (Schedule A - Form 1040) .....	▶	12a.	26,450	
b. Less adjustments: see Tax Booklet on Page 12, Line 12 .....	▶	12b.		
c. Georgia Total Itemized Deductions .....	▶	12c.	26,450	
13. Subtract either Line 11c or Line 12c from Line 10; enter balance .....	▶	<input type="checkbox"/> 13.	106,050	
14a. Number on Line 6c. <b>2</b> multiplied by \$2,700 .....	▶	14a.	5,400	
14b. Number on Line 7a. <b>1</b> multiplied by \$3,000 .....	▶	14b.	3,000	
14c. Add Lines 14a. and 14b. Enter total .....	▶	14c.	8,400	
15. Georgia taxable income (Line 13 less Line 14c or Schedule 3, Line 14) .....	▶	<input type="checkbox"/> 15.	97,650	
16. Tax (Use Tax Table in the Tax Booklet on Pages 19-21) .....	▶	16.	5,599	
17. Credits from Schedule 2, Page 5, Line 11 of Form 500 (Enter total but not more than the amount on Line 16) .....	▶	17.	2,500	
18. Balance (Line 16 less Line 17) if zero or less than zero, enter zero .....	▶	18.	3,099	
19. <b>Georgia Income Tax Withheld</b> (Enter Tax Withheld Only and enclose W-2s, 1099s, etc.) .....	▶	19.	7,000	
20. <b>Estimated Tax for 2009 and Form IT-560</b> .....	▶	20.		
21. Low Income Credit (See Tax Booklet on Page 13)      21a. ▶                      21b. ▶                      ▶		21c.		



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<b>22. Department Use Only</b>	<b>DO NOT WRITE IN THIS BOX</b>		
23. Total prepayment credits (Add Lines 19, 20 and 21c) .....	▶ 23.	7,000	
24. If Line 18 exceeds Line 23 enter BALANCE DUE STATE .....	▶ 24.		
25. If Line 23 exceeds Line 18 enter OVERPAYMENT amount .....	▶ 25.	3,901	
26. Amount to be credited to 2010 ESTIMATED TAX .....	▶ 26.		
27. Georgia Wildlife Conservation Fund (No gift of less than \$1.00) .....	▶ 27.		
28. Georgia Children and Elderly Fund (No gift of less than \$1.00) .....	▶ 28.		
29. Georgia Cancer Research Fund (No gift of less than \$1.00) .....	▶ 29.		
30. Statewide Land Conservation Program (No gift of less than \$1.00) .....	▶ 30.		
31. Georgia National Guard Foundation (No gift of less than \$1.00) .....	▶ 31.		
32. Dog & Cat Sterilization Fund (No gift of less than \$1.00) .....	▶ 32.		
33. Save the Cure Fund (No gift of less than \$1.00) .....	▶ 33.		
34. Georgia Student Finance Authority Fund (No gift of less than \$1.00) .....	▶ 34.		
35. Form 500 UET (Estimated tax penalty) .....	▶ 35.		
<b>(If you owe) Add Lines 24, 27 thru 35</b>			
36. <b>THIS IS THE AMOUNT YOU OWE</b> .....	▶ 36.		
37. <b>(If you are due a refund) Subtract the sum of Lines 26 thru 35 from Line 25</b>			
<b>THIS IS YOUR REFUND</b> .....	▶ 37.	3,901	

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

**(REFUND) Blue Label:** GEORGIA DEPARTMENT OF REVENUE  
 PROCESSING CENTER  
 PO BOX 740380  
 ATLANTA, GA 30374-0380

ENCLOSE ALL ITEMS IN RETURN ENVELOPE. **DO NOT** STAPLE YOUR CHECK, W-2'S OR TAX RETURN

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 GA. Under penalty of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has knowledge.

**PHONE NUMBER**

\_\_\_\_\_  
 Taxpayer's Signature  (Check box if deceased)

**DATE**

\_\_\_\_\_  
 Spouse's Signature  (Check box if deceased)

**DATE**

Do you want to authorize DOR to discuss this return with the named preparer. YES  NO

**NAME OF PREPARER OTHER THAN TAXPAYER**

\_\_\_\_\_  
 Signature of Preparer

**PREPARER'S FEIN    PREPARER'S SSN/PTIN    PHONE NUMBER**





**SCHEDULE 2 CREDITS for LINE 17, PAGE 2** (see Tax Booklet on Pages 12 and 15)

- 1. Other State Credit(s) Tax Credit (see Tax Booklet on Page 14) ..... ▶ 1.
- 2. Credits from Form IND-CR (Rural Physicians Credit, Disabled Person Home Purchase or Retrofit Credit, Driver Education Credit, Disaster Assistance Credit, Qualified Caregiving Expense Credit, Georgia National Guard/Air National Guard Credit, Child and Dependent Care Expense Credit, Adoption Credit, Eligible Single-Family Residence Credit) ..... ▶ 2.
- 3. Low and Zero Emission Vehicle Credit ..... ▶ 3.
- 4. Qualified Education Expense Credit (Individual/Non pass through) ..... ▶ 4. **2,500**
- 5. Clean Energy Property Credit (Individual/Non passthrough) ..... ▶ 5.

**Pass Through Credits from Ownership of Sole Proprietor, S Corp., LLC or Partnership Interest and Other Credits**  
 You must list the appropriate Credit Type Code in the space provided. If you claim more than four credits, enclose a schedule. Enter the schedule total on Line 10. See Tax Booklet on Page 15 for a list of available credits and their applicable codes.

6.	<b>COMPANY NAME</b>	<b>CREDIT CODE TYPE</b>
	<b>OWNERSHIP</b>	<b>FEIN</b>
		<b>CREDIT CLAIMED ON THIS RETURN</b>
7.	<b>COMPANY NAME</b>	<b>CREDIT CODE TYPE</b>
	<b>OWNERSHIP</b>	<b>FEIN</b>
		<b>CREDIT CLAIMED ON THIS RETURN</b>
8.	<b>COMPANY NAME</b>	<b>CREDIT CODE TYPE</b>
	<b>OWNERSHIP</b>	<b>FEIN</b>
		<b>CREDIT CLAIMED ON THIS RETURN</b>
9.	<b>COMPANY NAME</b>	<b>CREDIT CODE TYPE</b>
	<b>OWNERSHIP</b>	<b>FEIN</b>
		<b>CREDIT CLAIMED ON THIS RETURN</b>

- 10. Any additional pass-through credits claimed (attach schedule) ..... ▶ 10.
- 11. Enter the total of Lines 1 through 10 here and on Line 17, Pg 2 of 500 form ..... ▶ 11. **2,500**



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**DO NOT USE LINES 9 THRU 14 OF PAGE 2, FORM 500**

SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS.

Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See Tax Booklet, Page 10, Line 12 and Page 14.

FEDERAL INCOME AFTER GEORGIA ADJUSTMENT INCOME (COLUMN A)	INCOME NOT TAXABLE TO GEORGIA INCOME (COLUMN B)	GEORGIA INCOME INCOME (COLUMN C)
1. WAGES, SALARIES, TIPS, etc <input type="checkbox"/>	1. WAGES, SALARIES, TIPS, etc <input type="checkbox"/>	1. WAGES, SALARIES, TIPS, etc <input type="checkbox"/>
2. INTERESTS AND DIVIDENDS <input type="checkbox"/>	2. INTERESTS AND DIVIDENDS <input type="checkbox"/>	2. INTERESTS AND DIVIDENDS <input type="checkbox"/>
3. BUSINESS INCOME OR (LOSS) <input type="checkbox"/>	3. BUSINESS INCOME OR (LOSS) <input type="checkbox"/>	3. BUSINESS INCOME OR (LOSS) <input type="checkbox"/>
4. OTHER INCOME OR (LOSS) <input type="checkbox"/>	4. OTHER INCOME OR (LOSS) <input type="checkbox"/>	4. OTHER INCOME OR (LOSS) <input type="checkbox"/>
5. TOTAL INCOME: TOTAL LINES 1 THRU 4 <input type="checkbox"/>	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 <input type="checkbox"/>	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 <input type="checkbox"/>
6. TOTAL ADJUSTMENTS FROM FORM 1040 <input type="checkbox"/>	6. TOTAL ADJUSTMENTS FROM FORM 1040 <input type="checkbox"/>	6. TOTAL ADJUSTMENTS FROM FORM 1040 <input type="checkbox"/>
7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1, PAGE 4 <input type="checkbox"/>	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1, PAGE 4 <input type="checkbox"/>	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1, PAGE 4 <input type="checkbox"/>
8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 <input type="checkbox"/>	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 <input type="checkbox"/>	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 <input type="checkbox"/>
9. RATIO: Divide Line 8, Column C by Line 8, Column A. Enter percentage .....	▶ 9.	% Not to exceed 100%
10. Itemized or Standard Deduction (see Tax Booklet, Page 16, Line 10) .....	▶ 10.	
11. Personal Exemption from Form 500, Page 2 (see Tax Booklet, Page 16, Line 11a-c)		
11a. Number on Line 6c. multiplied by \$2,700 .....	▶ 11a.	
11b. Number on Line 7a. multiplied by \$3,000 .....	▶ 11b.	
11c. Add Lines 11a. and 11b. Enter total .....	▶ 11c.	
12. Total Deductions and Exemptions: Add Lines 10 and 11c .....	▶ 12.	
13. Multiply Line 12 by Ratio on Line 9 and enter result .....	▶ 13.	
14. Georgia Taxable Income: Subtract Line 13 from Line 8, Column C Enter here and on Line 15, Page 2 of Form 500 .....	▶ 14.	

List the state(s) in which the income in Column B was earned and/or to which it was reported.

- 945014  
11-16-09
- |    |    |
|----|----|
| 1. | 3. |
| 2. | 4. |

