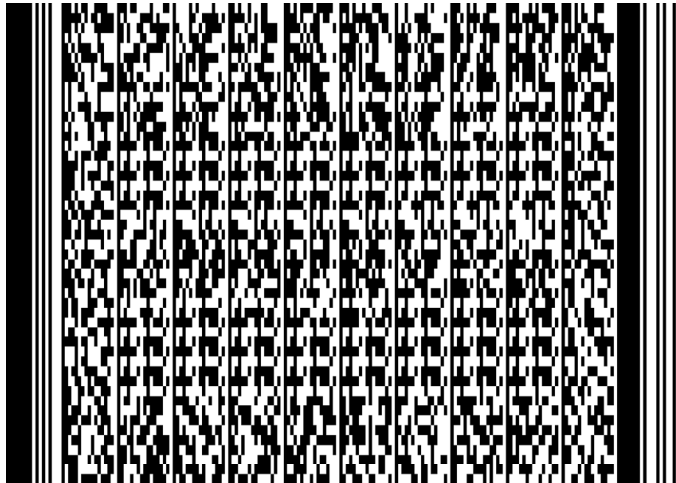


SAMPLE INDIVIDUAL RETURN



2500415016



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
1. JOHN

MI YOUR SOCIAL SECURITY NUMBER
000-00-0000

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

SUFFIX

SPOUSE'S FIRST NAME
JANE

MI SPOUSE'S SOCIAL SECURITY NUMBER
000-00-0000

LAST NAME
TAXPAYER

SUFFIX



ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number)
2.

CHECK IF ADDRESS HAS CHANGED

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

STATE ZIP CODE

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number 4. 1

Residency Status

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

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) 5. B

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

6a. Your Date of Birth 05/24/1976 6b. Spouse's Date of Birth 05/24/1976

7a. Number of Qualified Dependents* 7b. Number of Unborn Dependents 7c. Total Number of Dependents

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

SAMPLE INDIVIDUAL RETURN

Georgia Form 500
Individual Income Tax Return
Georgia Department of Revenue
2024



YOUR SOCIAL SECURITY NUMBER
000-00-0000

Page 2

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

Form for listing dependents with fields for First Name, MI, Last Name, Social Security Number, and Relationship to You.

INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3456.

Income computation table with lines 8 through 13, including Federal adjusted gross income, adjustments, Georgia adjusted gross income, standard deduction, and itemized deductions.

SAMPLE INDIVIDUAL RETURN

Georgia Form **500**
Individual Income Tax Return
Georgia Department of Revenue
2024



YOUR SOCIAL SECURITY NUMBER
000-00-0000

Page 3

14. Enter the number from Line 7c.	Multiply by \$4,000	14.	
15a. Income before GA NOL (Line 13 less Line 14 or Schedule 3, Line 14)		15a.	-24000
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.	-24000
16. Tax (Multiply Line 15c by 5.39%. Round to the nearest dollar)		16.	
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 Itemizer Tax Credit (See IT-511 Tax Booklet)		19.	
20. Credits used from IND-CR Summary Worksheet		20.	
21. Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)		21.	3162
22. Total Credits Used (sum of Lines 17-21) cannot exceed Line 16		22.	3162
23. Balance (Subtract Line 22 from Line 16) if zero or less than zero, enter zero ...		23.	

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:			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						

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PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.
All Pages (1-5) are required for processing

CCH

01 1019-150 2024 GA 004 T1 24 0

SAMPLE INDIVIDUAL RETURN

Georgia Form **500**
Individual Income Tax Return
Georgia Department of Revenue
2024



YOUR SOCIAL SECURITY NUMBER
000-00-0000

Page 4

(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**

3. EMPLOYER/PAYER STATE WITHHOLDING ID

4. GA WAGES / INCOME

5. GA TAX WITHHELD

(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**

3. EMPLOYER/PAYER STATE WITHHOLDING ID

4. GA WAGES / INCOME

5. GA TAX WITHHELD

(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

4. GA WAGES / INCOME

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.
- 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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All Pages (1-5) are required for processing

SAMPLE INDIVIDUAL RETURN

Georgia Form **500**
Individual Income Tax Return
Georgia Department of Revenue
2024 Page 5



YOUR SOCIAL SECURITY NUMBER
000-00-0000

- 40. Public Safety Memorial Grant (No gift of less than \$1.00) 40.
- 41. Disabled Veteran's 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.

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
----------------	----------------

Mail page 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

SAMPLE INDIVIDUAL RETURN

Georgia Form **500**
(Rev. 08/01/24)
Schedule 1
Adjustments to Income
2024 (Approved software version)



Schedule 1
Page 1

YOUR SOCIAL SECURITY NUMBER
000-00-0000

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. Depreciation 3.
- 4. Net operating loss carryover deducted on Federal return 4.
- 5. Other (Specify) **QEE CREDIT ADJUSTMENT*** 5.
- 6. Total Additions (Enter sum of Lines 1-5 here) 6.

* If taxpayer made the election to treat any portion of their QEE payment as a state income tax payment, and deducted it on Form 1040, Schedule A, they must add it back to Georgia income on line 5.

* If payment was made by a business which deducted it as a business expense for federal income tax purposes, a 100% owner of such business must add back that amount on line 5, and those with less than 100% of the business would add back their prorata share on line 5.

SUBTRACTION from INCOME (See IT-511 Tax Booklet)

- 7. Retirement Income Exclusion

Taxpayer

Date of Birth: Required for Retirement Income Exclusion and Military Retirement Income Exclusion

- a. Retirement Income Exclusion - Complete Schedule 1, page 2. 7a.
- b. Military Retirement Income Exclusion (Must be under 62 years of age) - Complete Schedule 1, page 3. 7b.
- c. Date of Disability: Type of Disability: 7c.

Spouse

Date of Birth: Required for Retirement Income Exclusion and Military Retirement Income Exclusion

- d. Retirement Income Exclusion - Complete Schedule 1, page 2. 7d.
- e. Military Retirement Income Exclusion (Must be under 62 years of age) - Complete Schedule 1, page 3. 7e.
- f. Date of Disability: Type of Disability: 7f.

- 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. Depreciation 11.
- 12. Other Adjustments (Specify) 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 500X 14.

SAMPLE INDIVIDUAL RETURN

Georgia Form 500
(Rev. 08/01/24)
Schedule 2
Georgia Tax Credits
2024

(Approved software version)



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Schedule 2
Page 1

YOUR SOCIAL SECURITY NUMBER
000-00-0000

SCHEDULE 2 GEORGIA TAX CREDIT USAGE AND CARRYOVER

See IT-511 Tax Booklet

1. 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 JOHN TAXPAYER		
4. CREDIT CERTIFICATE # 1234567890	FEIN/SSN 000000000	CREDIT GENERATED THIS TAX YEAR 3162
5. COMPANY/INDIVIDUAL NAME		
6. CREDIT CERTIFICATE #	FEIN/SSN	CREDIT GENERATED THIS TAX YEAR
7. COMPANY/INDIVIDUAL NAME		
8. CREDIT CERTIFICATE #	FEIN/SSN	CREDIT GENERATED THIS TAX YEAR
9. COMPANY/INDIVIDUAL NAME		
10. CREDIT CERTIFICATE #	FEIN/SSN	CREDIT GENERATED THIS TAX YEAR
11. COMPANY/INDIVIDUAL NAME		
12. CREDIT CERTIFICATE #	FEIN/SSN	CREDIT GENERATED THIS TAX YEAR
9. Total available credit for this tax year (sum of Lines 2 through 8)	9.	3162
10. Enter the amount of the credit sold (only certain credits can be sold, see IT-511 Tax Booklet)	10.	
11. Credit used for this tax year	11.	3162
12. Potential carryover to next tax year, if applicable (Line 9 less Lines 10 and 11)	12.	

CREDITS MUST BE FILED ELECTRONICALLY

CREDITS MUST BE FILED ELECTRONICALLY

SAMPLE INDIVIDUAL RETURN



Georgia Form IT-QEE-TP2 2024 (Last Rev. 05/29/24)

Qualified Education Expense Credit Computation

Georgia Department of Revenue

This form is to be used for taxable years beginning on or after January 1, 2024. 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

JOHN

MI

TAXPAYER IDENTIFICATION NUMBER

000-00-0000

LAST NAME IF INDIVIDUAL

TAXPAYER

SUFFIX

DEPARTMENT USE ONLY

ELECTING S CORPORATION

ELECTING PARTNERSHIP

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?

A. Individuals

Fill in either A, B, or C

1. Total amount expended	1.	3162
2. Fill in the pre-approved amount here from the form IT-QEE-TP1 that was returned to you by the Department	2.	3162
3. Tentative credit allowed before income tax liability limitation. The lesser of line 1 or 2	3.	3162

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	1.	
2. Total amount approved	2.	
3. Georgia Income from Taxpayer selected pass through entities	3.	
4. Enter applicable tax rate	4.	.0539 %
5. Multiply line 3 by line 4	5.	
6. Credit allowed. Lesser of lines 1, 2, or 5	6.	