



Page 1

Version 1

1200204012

Please print your numbers like this in black or blue ink:

9 8 7 6 5 4 3 2 1 0

Georgia Form 500EZ (Rev. 9/11)  
Short Individual Income Tax Return

Georgia Department of Revenue

2011 (Approved web version)

DEL EXT

YOUR SSN#

SPOUSE'S SSN#

YOUR FIRST NAME

MI LAST NAME

SUFFIX

SPOUSE'S FIRST NAME

MI LAST NAME

SUFFIX

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

CHECK IF ADDRESS HAS CHANGED

Special Program Code  
See Tax Booklet on Page 9

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

STATE

ZIP CODE

(COUNTRY IF FOREIGN)

DEPARTMENT USE ONLY

**Use Federal Adjusted Gross Income, NOT Federal Taxable Income, on Line 1 below**

1. Adjusted Gross Income from Form 1040EZ, 1040 or 1040 A (Cannot exceed \$99,999 for Line1).....▶ 1.
2. If your filing status is single, enter \$5,000.00, married filing joint, enter \$8,400.00.....▶ 2.
3. Subtract Line 2 from Line 1. If Line 2 is larger than Line 1 enter zero.....▶ 3.
4. Find the tax on the amount on Line 3. (Use Tax Table in the Tax Booklet on Pages 20-22).....▶ 4.
5. Low income tax credit. (Not allowed if you are claimed as a dependent on another return) 5a. 5b. ▶ 5c.
6. Line 4 Less Line 5c. If zero or less than zero, enter zero .....▶ 6.
7. Georgia income tax withheld (Enter tax withheld only and enclose W-2's, 1099s, etc.) .....▶ 7.
8. If Line 6 is larger than Line 7, subtract Line 7 from Line 6. THE AMOUNT OF TAX YOU OWE .....▶ 8.
9. If Line 7 is larger than Line 6, subtract Line 6 from Line 7. THE AMOUNT OF YOUR OVERPAYMENT.....▶ 9.
10. Georgia Wildlife Conservation Fund (No gift less than \$1.00).....▶ 10.
11. Georgia Children and Elderly Fund (No gift less than \$1.00).....▶ 11.
12. Georgia Cancer Research Fund (No gift less than \$1.00).....▶ 12.
13. Statewide Land Conservation Program (No gift less than \$1.00).....▶ 13.
14. Georgia National Guard Foundation (No gift less than \$1.00).....▶ 14.
15. Dog and Cat Sterilization Fund (No gift less than \$1.00).....▶ 15.
16. Save the Cure Fund (No gift less than \$1.00).....▶ 16.
17. Georgia Student Finance Authority Fund (No gift less than \$1.00).....▶ 17.

SIGNATURES ARE REQUIRED ON PAGE 2 OF THIS FORM



1200204022

**Georgia Form 500EZ**  
Short Individual Income Tax Return  
Georgia Department of Revenue  
**2011** Version 1

YOUR SOCIAL SECURITY NUMBER

18. Add Line 10 thru Line 17 enter total here.....▶ 18.

19. (If you owe) Add Line 8 and Line 18. **Complete and mail 525-TV with return and payment**  
**Make check for this amount payable to the GEORGIA DEPARTMENT OF REVENUE**.....▶ 19.20. (If you are due a refund) Subtract Line 18 from Line 9. **THIS IS YOUR REFUND**.....▶ 20.

STATE USE ONLY

20a. Direct Deposit (For U.S. Accounts Only)▶ Type: ☐ Checking ☐ SavingsSee booklet  
instructions on page  
13 for further details.Routing  
NumberAccount  
Number

20b. Debit Card

20c. Paper Check

(PAYMENT and NO BALANCE DUE) GEORGIA DEPARTMENT OF REVENUE  
PROCESSING CENTER, PO BOX 740399  
ATLANTA, GA 30374-0399(REFUND) GEORGIA DEPARTMENT OF REVENUE  
PROCESSING CENTER, PO BOX 740380  
ATLANTA, GA 30374-0380

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 is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Georgia Public Code Section 48-2-31 requires that taxes shall be paid in lawful money of the United State, free of any expenses to the State of Georgia.



Taxpayer's Signature (Check box if deceased)

PHONE NUMBER

DATE

Spouse's Signature (Check box if deceased)

DATE

## NAME OF PREPARER OTHER THAN TAXPAYER

Do you want to authorize DOR to discuss this return with the named preparer.

YES

PREPARER'S FEIN

Signature of Preparer

PREPARER'S SSN/PTIN

## YOU MAY USE FORM 500EZ IF:

- You are not 65 or over, or blind.
- Your filing status is single or married filing joint and you do not claim any exemptions other than yourself or yourself and your spouse.
- Your income does not exceed \$99,999 and you do not itemize deductions.
- You are a full-year Georgia resident.
- You had wages, salaries, tips, dividends, and interest income only. Do not use this form if you paid or are claiming a credit of estimated tax.
- You do not have any adjustments to Federal Adjusted Gross Income.

PHONE NUMBER

TAXPAYER EMAIL ADDRESS

I authorize the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

## WHEN COMPLETING YOUR RETURN PLEASE REMEMBER TO:

- Use label only if correct. If not, print or type name(s), address and social security number(s).
- Keep numbers inside boxes.
- Do not use dollar signs, commas or decimals. Round off figures for easier computations. These have been preprinted for your convenience.
- Sign and date your return. See Tax Booklet on Page 6 for signature requirements concerning deceased taxpayers.

## INSTRUCTIONS:

- LINE 1. Enter the adjusted gross income shown on Federal Form 1040EZ, Form 1040 or Form 1040A.
- LINE 2. If your filing status is single, enter \$5,000.00. If your filing status is married filing joint, enter \$8,400.00.
- LINE 3. Subtract Line 2 from Line 1. If Line 2 is larger than Line 1, enter 0.
- LINE 4. Find the tax for the amount on Line 3.
- LINE 5. Enter your low income credit. See Page 14 of the tax Booklet for instructions on calculating the credit.
- LINE 6. Line 4 less Line 5c. If zero or less than zero, enter zero.
- LINE 7. Enter the amount of Georgia income tax withheld. Generally, the amount of tax withheld is located in a box that references state income tax withheld. Enclose your W-2, 1099, and other income statement(s) showing Georgia income tax withheld with your return.
- LINE 8. If Line 6 is larger than Line 7, subtract Line 7 from Line 6. **THE AMOUNT OF TAX YOU OWE.**
- LINE 9. If Line 7 is larger than Line 6, subtract Line 6 from Line 7. **THE AMOUNT OF YOUR OVERPAYMENT.**
- LINE 10-17. Enter the amount(s) you wish to contribute.
- LINE 18. Enter total of Lines 10 thru 17.
- LINE 19. Add Line 8 and Line 18. **Make your check for this amount payable to the GEORGIA DEPARTMENT OF REVENUE.**
- LINE 20. Subtract Line 18 from Line 9. **This is your NET REFUND.**