<table>
<thead>
<tr>
<th>1. FULL-YEAR RESIDENT</th>
<th>2. PART-YEAR RESIDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. ADDRESS NUMBER AND STREET NAME</td>
<td></td>
</tr>
<tr>
<td>4. APARTMENT NUMBER OR BOX NUMBER</td>
<td></td>
</tr>
<tr>
<td>5. CITY</td>
<td></td>
</tr>
<tr>
<td>6. STATE</td>
<td></td>
</tr>
<tr>
<td>7. ZIP CODE</td>
<td></td>
</tr>
</tbody>
</table>

**Residency Status**

- **A**: Full-Year Resident
- **B**: Part-Year Resident
- **C**: Nonresident

**Exemptions**

- **X**: Single
- **X**: Married filing joint
- **X**: Married filing separate (spouse's social security number must be entered above)
- **X**: Head of Household
- **X**: Qualified Widow(er)
7a. Number of Dependents (Enter details on Line 7c., and DO NOT include yourself or your spouse) .................--> 7a.
7b. Enter the total number of exemptions and dependents (Add Lines 6c and 7a) ........................................---> 7b.
7c. Dependents (If you have more than 5 dependents, attach a list of additional dependents)

<table>
<thead>
<tr>
<th>First Name, Ml.</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Relationship to You</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First Name, Ml.</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<tr>
<th>Social Security Number</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First Name, Ml.</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Relationship to You</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INCOME COMPUTATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3,456.</td>
</tr>
<tr>
<td>8. Federal adjusted gross income (From Federal Form 1040, 1040A or 1040 EZ). --&gt; 8.</td>
</tr>
<tr>
<td>(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.</td>
</tr>
<tr>
<td>□ Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) ..........--&gt; 9.</td>
</tr>
<tr>
<td>□ Georgia adjusted gross income (Net total of Line 8 and Line 9) ..........--&gt; 10.</td>
</tr>
</tbody>
</table>

Line 10 on 1040 UP- EZ

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING
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 IT-511 Tax Booklet.

<table>
<thead>
<tr>
<th>FEDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A)</th>
<th>INCOME NOT TAXABLE TO GEORGIA (COLUMN B)</th>
<th>GEORGIA INCOME (COLUMN C)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. WAGES, SALARIES, TIPS, etc</td>
<td>1. WAGES, SALARIES, TIPS, etc</td>
<td>1. WAGES, SALARIES, TIPS, etc</td>
</tr>
<tr>
<td>Taxable only if code 39 or 40</td>
<td></td>
<td>Copy from column A</td>
</tr>
<tr>
<td>2. INTERESTS AND DIVIDENDS</td>
<td>2. INTERESTS AND DIVIDENDS</td>
<td></td>
</tr>
<tr>
<td>3. BUSINESS INCOME OR LOSS</td>
<td>3. BUSINESS INCOME OR LOSS</td>
<td></td>
</tr>
<tr>
<td>4. OTHER INCOME OR (LOSS)</td>
<td>4. OTHER INCOME OR (LOSS)</td>
<td></td>
</tr>
<tr>
<td>5. TOTAL INCOME: TOTAL LINES 1 THRU 4</td>
<td>5. TOTAL INCOME: TOTAL LINES 1 THRU 4</td>
<td></td>
</tr>
<tr>
<td>Add boxes 1-4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. TOTAL ADJUSTMENTS FROM FORM 1040</td>
<td>6. TOTAL ADJUSTMENTS FROM FORM 1040</td>
<td></td>
</tr>
<tr>
<td>Lines 6 and 8 on Form 1040</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1</td>
<td>7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1</td>
<td></td>
</tr>
<tr>
<td>8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7</td>
<td>8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7</td>
<td>Copy from column A</td>
</tr>
</tbody>
</table>

9. RATIO: Divide Line 8, Column C by Line 8, Column A. Enter percentage..............

10a. Itemized ☑ or Standard Deduction ☐ (See IT-511 Tax Booklet).........................

10b. Additional Standard Deduction


11. Personal Exemption from Form 500 (See IT-511 Tax Booklet)

11a. Enter the number on Line 6c. from Form 500 or 500X ☐ multiply by $2,700 for filing status A or D or multiply by $3,700 for filing status B or C

11b. Enter the number on Line 7a. from Form 500 or 500X ☐ multiply by $3,000. ☐

11c. Add Lines 11a, and 11b. Enter total.........................

12. Total Deductions and Exemptions: Add Lines 10a, 10b, and 11c.........................

13. Multiply Line 12 by Ratio on Line 9 and enter result.........................

14. Georgia Taxable Income: Subtract Line 13 from Line 8, Column C

Enter here and on Line 15, Page 3 of Form 500 or Form 500X.........................

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

1. 2. 3. 4.
**Georgia Form 500**

**Individual Income Tax Return**

**Georgia Department of Revenue**

**2017**

---

**YOUR SOCIAL SECURITY NUMBER**

Don't fill out this box if you only have a 1042-S.

Enter the information from your W-2, if you have one.

**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 Form G2-FL enter zero.

### (INCOME STATEMENT A)

<table>
<thead>
<tr>
<th>1. WITHHOLDING TYPE:</th>
<th>2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)</th>
<th>3. EMPLOYER/PAYER STATE WITHHOLDING ID</th>
<th>4. GA WAGES / INCOME</th>
<th>5. GA TAX WITHHELD</th>
</tr>
</thead>
<tbody>
<tr>
<td>X W-2s</td>
<td>Box a from W-2</td>
<td>Box b from W-2</td>
<td>Box 1 from W-2</td>
<td>$0.00</td>
</tr>
<tr>
<td>1099s</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G2-FL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G2-RP</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### (INCOME STATEMENT B)

<table>
<thead>
<tr>
<th>1. WITHHOLDING TYPE:</th>
<th>2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)</th>
<th>3. EMPLOYER/PAYER STATE WITHHOLDING ID</th>
<th>4. GA WAGES / INCOME</th>
<th>5. GA TAX WITHHELD</th>
</tr>
</thead>
<tbody>
<tr>
<td>W-2s</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1099s</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G2-A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G2-LP</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>G2-FL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G2-RP</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### (INCOME STATEMENT C)

<table>
<thead>
<tr>
<th>1. WITHHOLDING TYPE:</th>
<th>2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)</th>
<th>3. EMPLOYER/PAYER STATE WITHHOLDING ID</th>
<th>4. GA WAGES / INCOME</th>
<th>5. GA TAX WITHHELD</th>
</tr>
</thead>
<tbody>
<tr>
<td>W-2s</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1099s</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G2-A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G2-LP</td>
<td></td>
<td></td>
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<tr>
<td>G2-FL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G2-RP</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### (INCOME STATEMENT D)

<table>
<thead>
<tr>
<th>1. WITHHOLDING TYPE:</th>
<th>2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)</th>
<th>3. EMPLOYER/PAYER STATE WITHHOLDING ID</th>
<th>4. GA WAGES / INCOME</th>
<th>5. GA TAX WITHHELD</th>
</tr>
</thead>
<tbody>
<tr>
<td>W-2s</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1099s</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G2-A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G2-LP</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>G2-FL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G2-RP</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

### (INCOME STATEMENT E)

<table>
<thead>
<tr>
<th>1. WITHHOLDING TYPE:</th>
<th>2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)</th>
<th>3. EMPLOYER/PAYER STATE WITHHOLDING ID</th>
<th>4. GA WAGES / INCOME</th>
<th>5. GA TAX WITHHELD</th>
</tr>
</thead>
<tbody>
<tr>
<td>W-2s</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1099s</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G2-A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G2-LP</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>G2-FL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G2-RP</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### (INCOME STATEMENT F)

<table>
<thead>
<tr>
<th>1. WITHHOLDING TYPE:</th>
<th>2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)</th>
<th>3. EMPLOYER/PAYER STATE WITHHOLDING ID</th>
<th>4. GA WAGES / INCOME</th>
<th>5. GA TAX WITHHELD</th>
</tr>
</thead>
<tbody>
<tr>
<td>W-2s</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1099s</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G2-A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G2-LP</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G2-FL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G2-RP</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please complete the Supplemental W-2 Income Statement if additional space is needed.

25. Estimated Tax paid for 2017 and Form IT-560


27. If Line 22 exceeds Line 26, subtract Line 26 from Line 22 and enter balance due.

28. If Line 26 exceeds Line 22, subtract Line 22 from Line 26 and enter overpayment.

29. Amount to be credited to 2018 ESTIMATED TAX

---

Pages (1-5) are Required for Processing
30. Georgia Wildlife Conservation Fund (No gift of less than $1.00)  
31. Georgia Fund for Children and Elderly (No gift of less than $1.00)  
32. Georgia Cancer Research Fund (No gift of less than $1.00)  
33. Georgia Land Conservation Program (No gift of less than $1.00)  
34. Georgia National Guard Foundation (No gift of less than $1.00)  
35. Dog & Cat Sterilization Fund (No gift of less than $1.00)  
36. Saving the Cure Fund (No gift of less than $1.00)  
37. Realizing Educational Achievement Can Happen (REACH) Program (No gift of less than $1.00)  
38. Public Safety Memorial Grant (No gift of less than $1.00)  
39. Form 500 UET (Estimated tax penalty)  
40. (If you owe) Add Lines 27, 30 thru 39  
   MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE.  
41. (If you are due a refund) Subtract the sum of Lines 29 thru 39 from Line 28  
   THIS IS YOUR REFUND.  

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

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

PROCESSING CENTER  
GEORGIA DEPARTMENT OF REVENUE  
PO BOX 740339  
ATLANTA, GA 30374-0339  

(PAYMENT)  

(REFUND and NO BALANCE DUE)  

PROCESSING CENTER  
GEORGIA DEPARTMENT OF REVENUE  
PO BOX 740339  
ATLANTA, GA 30374-0339  

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 48-5-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

Sign Here

Taxpayer's Signature ☐  (Check box if deceased)  
Date  
Taxpayer's Phone Number ☐  PHONE  

Spouse's Signature ☐  (Check box if deceased)  
Date  
Preparer's Signature  
Preparer's Phone Number  
Preparer's FEIN  
Preparer's SSN/PTIN/SIDN  

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING