



# State of Georgia Department of Revenue



**KEEP THESE INSTRUCTIONS AND WORKSHEET WITH YOUR RECORDS**

## Instructions

1. Download (free) the latest version of Adobe Reader.  
<http://www.adobe.com/products/acrobat/readstep2.html>
2. Complete the worksheet below to automatically create your payment voucher.
3. Click the "Print" button to print a completed 602 ES payment voucher.
4. Sign and date the payment voucher.
5. Cut the payment voucher along the dotted line and mail the voucher and your payment only to the address on the voucher

**DO NOT** fold, staple or paper clip items being mailed.

**DO NOT** mail in the worksheet, keep this for your records.

### 602-ES Worksheet

|                            |  |   |  |          |  |
|----------------------------|--|---|--|----------|--|
| 1. FEI Number :            |  | 2. Telephone :                            |  |          |  |
| 3. Business Name :         |  |   |  |          |  |
| 4. Street Address Line 1 : |  |   |  |          |  |
| 5. Street Address Line 2 : |  |   |  |          |  |
| 6. City :                  |  | 7. State :                                |  | 8. Zip : |  |
| 9. Check If :              | Tax Year Change : <input type="checkbox"/> | Address Change : <input type="checkbox"/> | Name Change : <input type="checkbox"/> | -        |  |

### Estimated Corporate Tax

|   |  |
|---|--|
| 10. Calendar/Fiscal Year Beginning (mm/dd/yyyy) ..... |  |
| 11. Calendar/Fiscal Year Ending .....                 |  |
| 12. Payment due on .....                              |  |
| 13. Enter payment amount .....                        |  |

**SHORT TAXABLE YEAR**

Corporations that are required to file estimated tax for a short taxable period or whose accounting period has changed should use Form 602 ES and change applicable dates to coincide with the short period. Mail payment to:

**Processing Center  
Georgia Department of Revenue  
PO Box 105136  
Atlanta, Georgia 30348-5136**

**Failure to comply with the provisions of the law may result in a penalty of 5% of the income tax for failure to pay estimated tax and a charge at the rate of 9% per annum for underpayment of estimated tax. See Form 600UET and page 13 of the 611 Booklet for more information.**

For faster and more accurate posting to your account, use a payment voucher with a valid scanline from Georgia Department of Revenue's website <http://dor.ga.gov> or one produced by an approved software company listed at <http://dor.ga.gov>.

**CORPORATION ESTIMATED TAX WORKSHEET**

|   |    |       |
|---|----|-------|
| 1. Amount of taxable income expected during the current year .....            | \$ | _____ |
| 2. Estimated Tax (6 percent of Line 1) .....                                  | \$ | _____ |
| 3. Less Credits .....   | \$ | _____ |
| 4. Less Credit for 2014 overpayment if credit was elected on Form 600 .....   | \$ | _____ |
| 5. Unpaid balance (Line 2 less Line 3 and Line 4 but not less than zero)..... | \$ | _____ |
| 6. Computation of installment: (check box below and enter amount.).....       | \$ | _____ |

If first payment is         April 15, 2015, enter 1/4 of Line 5                                 Sept. 15, 2015, enter 1/2 of Line 5  
 due to be filed on         June 15, 2015, enter 1/3 of Line 5                                 Dec. 15, 2015, enter amount of Line 5  
 Amount Due .....

Corporations filing on a fiscal year ending after January 1 must file on corresponding dates. See instructions.

**PLEASE DO NOT mail this entire page. Please cut along dotted line and mail only coupon and payment.  
PLEASE DO NOT STAPLE. PLEASE REMOVE ALLCHECK STUBS.**

----- Cut on dotted line -----

**602 ES** (Rev. 12/14)  
Corporate Estimated Tax  
Telephone No. 1-877-423-6711



BUSINESS NAME AND ADDRESS

|                          |          |             |                                      |   |  |
|--------------------------|----------|-------------|--------------------------------------|---|--|
| or Fiscal Year Beginning |          | Ending      | <input type="checkbox"/> Name Change | <input type="checkbox"/> Address Change | <input type="checkbox"/> Tax Year Change |
| FEI Number               | Tax Year | Year Ending | Due Date                             | Payment #                               | Vendor Code<br><b>040</b>                |

**PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.**

PROCESSING CENTER  
GEORGIA DEPARTMENT OF REVENUE  
PO BOX 105136  
ATLANTA GA 30348-5136

|  |       |
|--|-------|
| Under penalty of perjury, I declare that this return has been examined by me and to the best of my knowledge and belief it is true, correct and complete. 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. |       |
| Signature  | Title |
| Telephone  | Date  |

**Amount Paid \$**