



2200204013

Georgia Form 500EZ (Rev. 05/25/21)

Short Individual Income Tax Return

Georgia Department of Revenue

2021 (Approved web version)

YOUR SSN#

SPOUSE'S SSN#

Page 1

STATE ISSUED

YOUR DRIVER'S LICENSE/STATE ID

YOUR FIRST NAME

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

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 CHANGED

DEPARTMENT USE ONLY

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

STATE

ZIP CODE

(COUNTRY IF FOREIGN)

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

- 1. Adjusted Gross Income from Federal Form 1040 (Cannot exceed \$99,999 for Line 1) ..... 1.
2. If your filing status is single, enter \$7,300.00, married filing joint, enter \$13,400.00 ..... 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 the Tax Table or tax rate schedule in the IT-511 Tax Booklet)..... 4.
5. Low income tax credit. (Not allowed if you are claimed as a dependent on another return) 5a. 5b. 5c.
6. Subtract Line 5c from Line 4. If zero or less than zero, enter zero..... 6.
7. Georgia income tax withheld (Enter tax withheld only and include W-2s and 1099s) ..... 7. PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 3.
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 Fund for Children and Elderly (No gift less than \$1.00)..... 11.
12. Georgia Cancer Research Fund (No gift less than \$1.00)..... 12.
13. Georgia 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. Saving the Cure Fund (No gift less than \$1.00)..... 16.

**Georgia Form 500EZ**  
Short Individual Income Tax Return  
Georgia Department of Revenue  
**2021**



2200204023

**YOUR SOCIAL SECURITY NUMBER**

**Page 2**

- 17. Realizing Educational Achievement Can Happen (REACH) Program (No gift less than \$1.00)..... 17.
- 18. Public Safety Memorial Grant (No gift less than \$1.00)..... 18.
- 19. Add Lines 10 thru Line 18, enter total here..... 19.
- 20. (If you owe) Add Line 8 and Line 19. Complete and mail 525-TV with return and payment  
Make check for this amount payable to the GEORGIA DEPARTMENT OF REVENUE..... 20.

**Amount Due Mail To:**  
**GEORGIA DEPARTMENT OF REVENUE**  
**PROCESSING CENTER, PO BOX 740399**  
**ATLANTA, GA 30374-0399**

- 21. (If you are due a refund) Subtract Line 19 from Line 9. THIS IS YOUR REFUND..... 21.  
If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.

21a. Direct Deposit (For U.S. Accounts Only)

Type: Checking	Savings	Routing Number
		Account Number

**Refund Due Mail To:**  
**GEORGIA DEPARTMENT OF REVENUE**  
**PROCESSING CENTER, PO BOX 740380**  
**ATLANTA, GA 30374-0380**

I/We declare under 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

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 3.

**ALL PAGES (1-3) ARE REQUIRED FOR PROCESSING**



2200204033

YOUR SOCIAL SECURITY NUMBER

Page 3

**INCOME STATEMENT DETAILS** Only enter income on which Georgia tax was withheld. Enter information from W-2s and 1099s in the section below.

(INCOME STATEMENT A)			(INCOME STATEMENT B)			(INCOME STATEMENT C)		
1. WITHHOLDING TYPE:	W-2	1099	1. WITHHOLDING TYPE:	W-2	1099	1. WITHHOLDING TYPE:	W-2	1099
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		
(INCOME STATEMENT D)			(INCOME STATEMENT E)			(INCOME STATEMENT F)		
1. WITHHOLDING TYPE:	W-2	1099	1. WITHHOLDING TYPE:	W-2	1099	1. WITHHOLDING TYPE:	W-2	1099
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		

**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 or the timber tax credit.*
- You do not have any adjustments to Federal Adjusted Gross Income.

**WHEN COMPLETING YOUR RETURN PLEASE REMEMBER TO:**

- 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 IT-511 Tax Booklet for signature requirements.

# Instructions for the Individual/Fiduciary (525-TV) Payment Voucher

- For faster and more accurate posting to your account, use a payment voucher with a **valid scanline** from the Georgia Department of Revenue's website [dor.georgia.gov](http://dor.georgia.gov) or one produced by an approved software company listed at [dor.georgia.gov/approved-software-vendors](http://dor.georgia.gov/approved-software-vendors).
- Only complete this voucher if you owe taxes.
- Complete the name and address field located on the upper right side of the voucher.
- Please write your SSN or FEIN on your check or money order.
- Remove your check stub to keep with your records.
- If the due date falls on a weekend or holiday, the tax shall be due on the next day that is not a weekend or holiday.
- If you are **filing electronically**, mail only your voucher and payment to:

**Processing Center  
Georgia Department of Revenue  
PO Box 740323  
Atlanta, Georgia 30374-0323**

- If you are filing a paper return; mail your return, 525-TV payment voucher and your payment to the address that appears on the 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 Georgia.

**PLEASE DO NOT mail this entire page. Please cut along dotted line and mail only your voucher and payment.  
PLEASE DO NOT STAPLE. PLEASE REMOVE ALL ATTACHED CHECK STUBS.**

----- Cut along dotted line -----

**525-TV** (Rev. 04/01/21)  
Individual and Fiduciary Payment Voucher



2252504011

Individual or Fiduciary Name and Address: XXXXXXXXXX

Amended Return     Paper Return     Electronically Filed    Type of Return:

Taxpayer's SSN or Fiduciary FEIN	Spouse's SSN (if joint or combined return)	Tax Year	Daytime Telephone Number	Vendor Code <b>040</b>
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**PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.**

PROCESSING CENTER  
GEORGIA DEPARTMENT OF REVENUE  
PO BOX 740323  
ATLANTA GA 30374-0323

**Amount Paid \$**

