



2500204016

Georgia Form 500EZ (Rev. 07/25/24)

Short Individual Income Tax Return

Georgia Department of Revenue

2024 (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 \$12,000, Married filing jointly, enter \$24,000 2.
3. Subtract Line 2 from Line 1. If Line 2 is larger than Line 1, enter zero 3.
4. Enter the tax amount. (Line 3 multiplied by 5.39%. Round to the nearest dollar) 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.

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 Georgia Department of Revenue
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YOUR SOCIAL SECURITY NUMBER

- 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. Disabled Veterans' Scholarship Fund (No gift less than \$1.00)..... 19.
- 20. Penalty: Late Payment and/or Late Filing 20.
- 21. Interest 21.
- 22. Add Lines 10 thru Line 21, enter total here..... 22.
- 23. (If you owe) Add Line 8 and Line 22. **Complete and mail 525-TV with return and payment**
Make check for this amount payable to the GEORGIA DEPARTMENT OF REVENUE..... 23.

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

- 24. (If you are due a refund) Subtract Line 22 from Line 9. **THIS IS YOUR REFUND..... 24.**

**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.

24a. Direct Deposit (For U.S. Accounts Only) Type: Checking Savings

Routing
Number

Account
Number

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



YOUR SOCIAL SECURITY NUMBER

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.
- Your filing status is single or married filing jointly 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.

ALL PAGES (1-3) ARE REQUIRED FOR PROCESSING

Dos and Don'ts Checklist for the Individual/Fiduciary (525-TV) Payment Voucher

Payments can be made electronically on the Georgia Tax Center (GTC) gtc.dor.ga.gov/ .

- Do:**
- Use a payment voucher with a valid scanline.
 - Only complete this voucher if you owe taxes.
 - Complete the voucher in its entirety.
 - Write your SSN or FEIN on your check or money order.
 - Make check or money order payable to: Georgia Department of Revenue
 - Remember 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.
 - Mail your voucher and payment to the address listed below if your return was filed electronically.

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

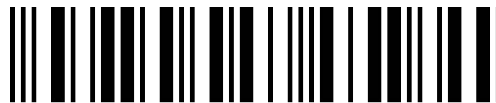
- Mail your return, payment voucher and payment to the address that appears on the return if filing a paper return.

- Do not:**
- Mail this entire page.
 - Staple your payment and voucher together.
 - Print on both sides of the paper.
 - Handwrite any information.

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.

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

525-TV (Rev. 07/25/24)
Individual and Fiduciary Payment Voucher



2552504014

Individual or Fiduciary Name and Address: [REDACTED]

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 040
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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 \$

