Social Security Number



Т

	s return is for d	calendar y							
_	Version 1	Fiscal Year Beginning		Fiscal Year Ending					
1.	YOUR FIRST NA	AME			МІ	YOUR SOCIAL	SECURITY NUMBER		
	LAST NAME					SL	UFFIX		Special Program Code See Tax Booklet on Page 9
	SPOUSE'S FIRS	ST NAME			МІ	SPOUSE'S SO	CIAL SECURITY NUM	BER	DEPARTMENT USE ONL
	LAST NAME					sı	UFFIX		
2.	ADDRESS (NUM	IBER AND S	STREET or P.O. BOX) (Us	e 2nd address li	ne for Ap	t, Suite or Buildi	ing Number) CHECK	(IF ADDRESS HAS CH	IANGED
3.	CITY(Please ins	ert a space	if the city has multiple r	ames)		STATE	ZIP CODE		500 UET Exception Attached
	(COUNTRY IF F	OREIGN)							
4.	Enter your Res	sidency Sta	atus with the appropria	te number					Residency Status 4.
	1. FULL- YEAR F	RESIDENT	2. PART- YEAR RESID	ENT		то)		3. NONRESIDENT
	Part-Year R	esidents	and Nonresidents m	ust omit Line	s 9 thr	u 14 and use	Schedule 3 of Fo	orm 500X.	Filing Status
ţ			rith appropriate letter gjoint C. Married filing se						
	6. Number of 7. Dependents	exemptio	ns (Check appropria nave more than 3 de	te box(es) aı	nd entei tach a l	total in 6c.)	6a. Yourself	6b. Spouse	G GC.
	Soc	ial Securi	ty Number		Relat	ionship to Yo	u		
	Firs	t Name, N	11.		Last	Name			
	Soc	ial Securi	ity Number		Relat	ionship to Yo	u		
	Firs	t Name, N	MI.		Last l	Name			

Relationship to You



YOUR SOCIAL SECURITY NUMBER

	Version 1					
7a	Number of Dependents (DO NOT include yourself or your spouse)	7a.				
7b.	. Add Lines 6c and 7a. Enter total	7b.				
	If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3,456.					
8.	Federal adjusted gross income (From Federal Form 1040, 1040A or 1040 EZ) (Do not use FEDERAL TAXABLE INCOME)	8.				
9.	Adjustments from Schedule 1 (See IT-511 Tax Booklet)					
10.	O. Georgia adjusted gross income (Net total of Line 8 and Line 9) 10.					
11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION)						
	b. Self: 65 or over? Blind? Spouse: 65 or over? Blind?					
	Total of boxes x 1,300 = c. Total Standard Deduction (Line 11a + Line 11b) Use EITHER Line 11c OR Line 12c (Do not write on both lines)	11b 11c				
12.	. Total Itemized Deductions used in computing Federal Taxable Income. a. Federal Itemized Deductions (Schedule A-Form 1040)	12a				
	b. Less adjustments: (See IT-511 Tax Booklet)	12b				
	c. Georgia Total Itemized Deductions	120				
13.	. Subtract either Line 11c or Line 12c from Line 10; enter balance	13.				
14	a. Number on Line 6c. multiplied by \$2,700	14a				
141	b. Number on Line 7a. multiplied by \$3,000	14b				
14	c. Add Lines 14a. and 14b. Enter total	140				
15.	. Georgia taxable income (Line 13 less Line 14c or Schedule. 3, Line 14)	15.				
16.	. Tax (Use Tax Table in the IT-511 Tax Booklet)	16.				
17.	Credits from Schedule 2 of Form 500X	17.				
	Balance (Line 16 less Line 17) if zero or less than zero, enter zero	18.				
13.	(Enter T ax Withheld Only and enclose W-2s and/or 1099's)	19.				
20	Other Georgia Income Tax Withheld	20.				

me by e-mail address regarding any updates to my account(s).



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C 21.	Version 1 Estimated tax for 2012 and Form IT-560			
22.	Amount paid with original return, plus any additional p			
23.	Total Prepayment credits (Add lines 19, 20, 21, 22)	≥ 23.		
24.	Previous Refund(s), if any, shown on previous return	(s)	▶ 24.	
25.	Net (Line 23 minus Line 24)		▶ 25.	
26.	Balance Due if Line 18 exceeds Line 25		▶ 26.	
27.	Overpayment if Line 25 exceeds Line 18		▶ 27.	
28.	Amount to be credited to ESTIMATED TAX YEAR		▶ 28.	
29.	29. Form UET (Estimated Tax Penalty)			
30.	Late Payment Penalty (1/2 of 1% per month from due	e date)		
31.	Interest (1% per month from due date)			
32.	Amount Owed Pay in full with this Return (Add Line 26	32.		
33.	Refund To Be Received (Subtract Line 28 and 29 from	m Line 27)	33.	
	. Direct Deposit (U.S. Accounts Only) ► Type: Checking Savings	33b. Debit Card	Mail To: GEORGIA DEPARTMENT OF REVENUE	
<u>bool</u>	Routing Number Account Number PLANATION OF CHANGES	33C. Paper Check	PROCESSING CENTER, PO BOX 740318 ATLANTA, GA 30374-0318	
Geo Und	PLEASE DO NOT STAPLE YOUR CHECT CHEC	CK, W-2'S OR ANY OTHER DOCUME is shall be paid in lawful money of the U rn, including accompanying schedules	ENTS TO YOUR RETURN United States, free of any expense to the State of GA and statements, and to the best of my knowledge	
Ta	expayer's Signature (Check box if deceased)	DATE		
S	pouse's Signature (Check box if deceased)	DATE		
	o you want to authorize DOR to discuss this return with the med preparer? YES	NAME OF PREPARER OTHER TH	AN TAXPAYER PHONE NUMBER	
5	ignature of Preparer	PREPARER'S FEIN PREPARE	ER'S SSN/PTIN	

TAXPAYER EMAIL ADDRESS

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Version 1

SCHEDULE 1 ADJUSTMENTS to INCOME BASED on GEORGIA LAW (See IT-511 Tax Booklet)

ADDITIONS to INCOME 1. Interest on Non-Georgia Municipal and State Bonds					
2. Lump Sum Distributions.					
 3. Federal deduction for income attributable to domestic production activities. (IRC Section 199) 4. Other (Specify) 					
 5. Total Additions (Enter sum of Lines 1-4 here) SUBTRACTION from INCOME 6. Retirement Income Exclusion (See IT-511 Tax Booklet) 					
a. Self: Date of Birth	Date of Disability:	Type of Disability:			
b. Spouse: Date of Birth	Date of Disability	Type of Disability:	6a.		
			6b.		
7. Social Security Benefits (Taxable portion from Federal return)					
8. Georgia Higher Education Savings Plan					
9. Interest on United States Obligations (See IT-511 Tax Booklet)					
10. Other Adjustments (Specify)	Adjustment		Amount		
	Adjustment		Amount		
	Adjustment		Amount		
	Adjustment		Amount		
	Total	•	10.		
11. Total Subtractions (Enter sum of Lines 6-10 here)					
Enter Net Total here and on Line 9 of Page 2) (+or -) of Form 500X					



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SCHEDULE 2 CREDITS for LINE 17, PAGE 2 (See IT-511 Tax Booklet) 2. Credits from Form IND-CR (Rural Physicians Credit, Disabled Person Home Purchase or Retrofit Credit, Driver Education Credit, Disaster Assistance Credit, Qualified Caregiving Expense Credit, Georgia National Guard/Air National Guard Credit, Child and Dependent Care Expense Credit, (Requires DNR certification for either credit) Pass Through Credits from Ownership of Sole Proprietor, S Corp., LLC or Partnership Interest and Other Credits You must list the appropriate Credit Type Code in the space provided. If you claim more than four credits, enclose a schedule. Enter the schedule total on Line 10. See IT-511 Booklet for a list of available credits and their applicable codes. **CREDIT CODE TYPE COMPANY NAME OWNERSHIP FEIN CREDIT CLAIMED ON THIS RETURN COMPANY NAME CREDIT CODE TYPE OWNERSHIP FEIN CREDIT CLAIMED ON THIS RETURN COMPANY NAME CREDIT CODE TYPE CREDIT CLAIMED ON THIS RETURN OWNERSHIP FEIN** COMPANY NAME **CREDIT CODE TYPE OWNERSHIP FEIN CREDIT CLAIMED ON THIS RETURN** 11. Low Income Credit (See IT-511 Tax Booklet). 11a. 11b. 11c.



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DO NOT USE LINES 9 THRU 14 OF PAGE 2, FORM 500X

SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS.

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						
FEDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A)	INCOME NOT TAXABLE TO GEORGIA (COLUMN B)	GEORGIA INCOME (COLUMN C)				
1. WAGES, SALARIES, TIPS, etc	1. WAGES, SALARIES, TIPS, etc	1. WAGES, SALARIES, TIPS, etc				
2. INTERESTS AND DIVIDENDS	2. INTERESTS AND DIVIDENDS	2. INTERESTS AND DIVIDENDS				
3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)				
4. OTHER INCOME OR (LOSS)	4. OTHER INCOME OR (LOSS)	4. OTHER INCOME OR (LOSS)				
5. TOTAL INCOME: TOTAL LINES 1 THRU 4	5. TOTAL INCOME: TOTAL LINES 1 THRU 4	5. TOTAL INCOME: TOTAL LINES 1 THRU 4				
6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040				
7. TOTAL ADJUSTMENTS FROM FORM 500X, SCHEDULE 1, PAGE 4	7. TOTAL ADJUSTMENTS FROM FORM 500X, SCHEDULE 1, PAGE 4	7. TOTAL ADJUSTMENTS FROM FORM 500X, SCHEDULE 1, PAGE 4				
8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7				
9. RATIO: Divide Line 8, Column C by Line 8, C	Column A. Enter percentage	9. % Not to exceed 100%				
10. Itemized \square or Standard Deduction \square (Se	ee IT-511 Tax Booklet)	→ 10.				
11. Personal Exemption from Form 500X, Page 2 (See IT-511 Tax Booklet)						
11a. Number on Line 6c. multiplied by \$2,70	00	¹ 11a.				
11b. Number on Line 7a. multiplied by \$3,0	00	→ 11b.				
11c. Add Lines 11a. and 11b. Enter total		· 11c.				
12. Total Deductions and Exemptions: Add L	12.					
13. Multiply Line 12 by Ratio on Line 9 and enter14. Georgia Taxable Income: Subtract Line 13 Enter here and on Line 15, Page 2 of Form 8						

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

1.

2.