

Georgia Form 500 **EZ** (Rev. 6/04)

| Short | Individual Income Tax Return gia Department of Revenue | • | | | | | |
|-------|--|---|----------------|----------------|----------------|-------------|---------------------|
| 20 | 04 (Approved software | version) O Fill in circle if you | ı DO NOT | want a bo | oklet next | year | |
| DEL | EXT | • | | | • | | |
| Your | First Name | Initial | | Your So | ial Security N | lumber | |
| Your | Last Name | | Suffix | | | | |
| Spou | ıse's First Name | Initial | | Spouse's | s Social Secu | rity Number | |
| Spou | ise's Last Name | | Suffix | | | | DEPARTMENT USE ONLY |
| | ess (Check if Address has C 2nd address line for Apt, \$ | changed) Suite, Unit or Bidg number) | | | | | |
| City | | | State | • | Zip Code | | |
| Cour | ntry (If Foreign) | | | | | | |
| | • | usted Gross Income, NOT Federa Gross Income from Federal Form 104 Line 1) | | • | | 1. | |
| 2. | If your filing status is single, If your filing status is married | enter \$5,000.00. d filing joint, enter \$8,400.00 | | | > | 2. | |
| 3. | Subtract Line 2 from Line 1. | If Line 2 is larger than Line 1 enter 0 | | | | 3. | |
| 4. | Find the tax on the amount of | on Line 3. (Use the tax table on Pages | 3 17-19 of the | tax booklet) | > | 4. | |
| 5. | Georgia income tax withheld | d (Enclose withholding statement(s)) | | | > | 5. | |
| 6. | Low income tax credit. (Not allowed if you are claim | ed as a dependent on another return) | 6a.► | 6b. ► | ▶ | 6c. | |
| 7. | Total prepayment credits, ac | ld Line 5 and Line 6 | | | | 7. | |
| 8. | If Line 4 is larger than Line 7 | 7, subtract Line 7 from Line 4. THIS IS | THE AMOUN | T OF TAX YOU O | WE | 8. | |
| 9. | If Line 7 is larger than Line 4 | 4, subtract Line 4 from Line 7. THIS IS | THE AMOUN | T OF YOUR OVE | RPAYMENT P | 9. | |
| 10. | Georgia Wildlife Conservati | on Fund (No gift less than \$1.00) | | | | 10. | |
| 11. | • | y Fund (No gift less than \$1.00) | | | | 11. | |
| 12. | • | Fund (No gift less than \$1.00) | | | | 12. | |
| 13. | Georgia Greenspace Trust | Fund (No gift less than \$1.00) | | | ······ | 13. | |
| 14. | Add Line 10, Line 11, Line 1 | 2 and Line 13 enter total here | | | ······ | 14. | |
| 15. | (If you owe) Add Line 8 and Make check for this amou | d Line 14. nt payable to the GEORGIA DEPAI | RTMENT OF | REVENUE | > | 15. | |
| 16. | (If you are due a refund) S | ubtract Line 14 from Line 9. THIS IS | YOUR REFU | IND | > | 16. | |
| | STATE USE ONLY | | | | | | |

Georgia Form 500 EZ Page 2 Short Individual Income Tax Return Georgia Department of Revenue



2004

Your Social Security Number

Under penalty of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Georgia Public Revenue Code Section 48-2-31 requires that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

| MAIL RETURN TO: Refunds | | Payme | | |
|----------------------------|---|-----------------|----------------------|--|
| | Name of Preparer if other than taxpayer | Preparer's FEIN | Preparer's SSN/PTIN | Phone Number |
| X | | | | |
| X | Spouse's Signature(Check if deceased) | Date | _ | discuss the contents of this tax return with the preparer named below. |
| X | Taxpayer's Signature (Check if deceased) | Date | Daytime Phone Number | Check the box to authorize the Georgia Department of Revenue to |

Georgia Department of Revenue Processing Center P.O. Box 740380 Atlanta, Georgia 30374-0380 Georgia Department of Revenue Processing Center P.O. Box 740399 Atlanta, Georgia 30374-0399

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.
- You are a full-year Georgia resident.
- You do not itemize deductions.
- You had wages, salaries, tips, dividends, and interest income only. If you paid or are claiming a credit of estimated tax, you must file Form 500.
- You do not have any adjustments to Federal Adjusted Gross Income.

COMPLETING YOUR RETURN

- Use label only if correct. If not, print or type name(s), address and social security number(s).
- Keep numbers inside boxes.
- Do not use dollar signs, commas or decimals. These have been preprinted for your convenience.
- Round off figures for easier computations.
- Do not attach a copy of your federal return.
- Taxpayers who file electronically will not receive a booklet next year. If you do not want a booklet next year, on Page 1, please fill in circle in the upper portion of page. NOTE: Computer software will select this circle by default. If you are using a software program, you must de-select the circle if you want to receive a booklet next year.
- Sign and date your return. See Page 3 for signature requirements concerning deceased taxpayers.

INSTRUCTIONS:

- LINE 1. Enter the adjusted gross income shown on Federal Form 1040EZ, Form 1040 or Form 1040A.
- LINE 2. If your filing status is single, enter \$5,000.00. If your filing status is married filing joint, enter \$8,400.00.
- LINE 3. Subtract Line 2 from Line 1. If Line 2 is larger than Line 1, enter 0.
- LINE 4. Find the tax on the amount on Line 3. Effective tax year 2001, Form 500EZ does not have a separate tax table.
- LINE 5. Enter the amount of Georgia income tax withheld. Generally, the amount of tax withheld is found in a box on your W-2 Form described as State Income Tax-GA. Enclose your W-2 Form(s) with your return.
- LINE 6. If you are not claimed as a dependent on another return and you meet the other qualifications, enter your low income credit as computed on Page 7 of the tax booklet.
- LINE 7. Add Line 5 and Line 6.
- LINE 8. If Line 4 is larger than Line 7, subtract Line 7 from Line 4. THIS IS THE AMOUNT YOU OWE.
- LINE 9. If Line 7 is larger than Line 4, subtract Line 4 from Line 7. THIS IS THE AMOUNT OF YOUR OVERPAYMENT.
- LINE 10-13 Enter the amount(s) you wish to contribute.
- LINE 14. Enter total of Lines 10, 11, 12 and 13.
- LINE 15. Add Line 8 and Line 14. Make your check for this amount payable to the TAXPAYER SERVICES DIVISION.
- LINE 16. Subtract Line 14 from Line 9. This is your NET REFUND.