									Page 1	l
		1500204015				Pleas	se print your r	numbers like th	nis in black or blue ink:	
		rgia Form <b>500EZ</b> (Rev. 9/14) t Individual Income Tax Return					781	0 7		
		gia Department of Revenue <b>4(Approved web version)</b>	DEL	EXT		YOUR SSN				
ЦХ Ц	γοι	IR FIRST NAME	мі	LAST NAME		3F003E 3 33N	1#		SUFFIX	
ABEL M	enr	DUSE'S FIRST NAME		LAST NAME						
FFIX L/	JFC	USE S FIRST NAME	MI						SUFFIX	
A NO	ADD	RESS (NUMBER AND STREET or P.O. BOX) (Use 2	2nd addre	ss line for Apt, S	uite or Bu	ilding Number)	CHECK IF ADDRE	SS HAS CHANGED	Special Program Code See Tax Booklet on Page 9	
-OKMAI										
									DEPARTMENT USE ONLY	
* I AXPA	CITY	(Please insert a space if the city has multiple nar	nes)		STATE	ZIP CODE				
	со	UNTRY IF FOREIGN)								
2		Use Federal Adjusted Gross Income, NOT F	ederal T	axable Income	. on Line	1 below				
	1.	Adjusted Gross Income from Form 1040EZ, 1040 c						1.	_ 00	
	2.	If your filing status is single, enter \$5,000.00, marr	ied filing j	joint, enter \$10,4	00.00			2.	_ 00	
	3.	Subtract Line 2 from Line 1. If Line 2 is larger than	n Line 1 e	enter zero				3.	_ 00	
	4.	Find the tax on the amount on Line 3. (Use Tax 1	Fable in f	the Tax Bookle	t on Pag	es 20-22)		4.	_ 00	
NOL	5.	Low income tax credit. (Not allowed if you are claim	ned as a d	ependent on and	otherretur	m) 5a.	5b.	► 5c	00	
MPUTAI	6.	Line 4 Less Line 5c. If zero or less than zero, e	enter zero	D				6.		
AX CO	7.	Georgia income tax withheld (Enter tax withhe	d only a	and enclose W	-2s, 1099	ls, etc.)		7.	_ 00	
	8.	If Line 6 is larger than Line 7, subtract Line 7 fro	m Line 6	THE AMOUN	OF TAX	YOU OWE		8.	_ 00	
	9.	If Line 7 is larger than Line 6, subtract Line 6 from Li	ne 7.THE	AMOUNT OF YO	UROVER	PAYMENT		9.	_ 00	
	10.	Georgia Wildlife Conservation Fund (No gift le	ss than	\$1.00)			1	0.	_ 00	
EP 2	11.	Georgia Fund for Children and Elderly (No gif	ft less th	an \$1.00)			1	1.	_ 00	
S	12.	Georgia Cancer Research Fund (No gift less	than\$1.0	00)			1	2.	. 00	
	13.	Georgia Land Conservation Program (No gift	less tha	an \$1.00)			1	3.	. 00	
	14.	Georgia National Guard Foundation (No gift le	ess than	\$1.00)			14	4.	. 00	
	15.	Dog and Cat Sterilization Fund (No gift less th	1.0 nan \$1.0	0)			1	5.		
	16.	Saving the Cure Fund (No gift less than \$1.0	0)				1	6.	00.	
	17.	FOR DEPARTMENT USE ONLY	TUDES				1	7.		1
		SIGNA	TUKES.	ANE NEQUIRE	DUNPA	GE 2 OF THIS FO				

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ב	Georgia Form 500 EZ 1500204025 Short Individual Income Tax Return
	Georgia Department of Revenue
S S N	2014 YOUR SOCIAL SECURITY NUMBER
MPUIAIIC	18. Add Line 10 thru Line 16, enter total here 18.
	19. (If you owe) Add Line 8 and Line 18. Complete and mail 525-TV with return and payment         Make check for this amount payable to the GEORGIA DEPARTMENT OF REVENUE
	20. (If you are due a refund) Subtract Line 18 from Line 9. THIS IS YOUR REFUND 20.
0 11	STATE USE ONLY
	Select one option only - See booklet page 13. 20a. Direct Deposit (For U.S. Accounts Only) Type: Checking Savings Account You can help eliminate \$1 Million of
	processing costs by choosing Direct Deposit. If you do not select Direct Deposit, a paper check will be issued. PROCESSING CENTER Green Label: (PAYMENT) PO BOX 740399 ATLANTA, GA 30374-0399 PROCESSING CENTER GEORGIA DEPARTMENT OF REVENUE PO BOX 740399 ATLANTA, GA 30374-0399 PROCESSING CENTER GEORGIA DEPARTMENT OF REVENUE PO BOX 740380 ATLANTA, GA 30374-0399
	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 preparer has any knowledge. Georgia Public Code Section 48-2-31 requires that taxes shall be paid in lawful money of the United States, free of any expenses to the State of Georgia.          Image: Comparison of the preparer's Signature       Image: Comparison of the Comparison
	Spouse's Signature (Check box if deceased)
	NAME OF PREPARER OTHER THAN TAXPAYER Do you want to authorize DOR to discuss this return with the named preparer. Yes PREPARER'S FEIN
	Signature of Preparer PREPARER'S SSN/PTIN
	PHONE NUMBER         TAXPAYER'S EMAIL ADDRESS             I authorize the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).
	<ul> <li>YOU MAY USE FORM 500EZ IF:</li> <li>You are not 65 or over, or blind.</li> <li>Your filing status is single or married filing joint and you do not claim any exemptions other than yourself or yourself and your spouse.</li> <li>Your income does not exceed \$99,999 and you do not itemize deductions.</li> <li>You are a full-year Georgia resident</li> </ul>

- 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.* You do not have any adjustments to Federal Adjusted Gross Income.

- WHEN COMPLETING YOUR RETURN PLEASE REMEMBER TO:
   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. Round off figures for easier computations. These have been preprinted for your convenience.
- Sign and date your return. See Tax Booklet on Page 6 for signature requirements concerning deceased taxpayers.