			4 4						
	Geo	rgia Form 500EZ (Rev. 7/13) F	Page 1						
	Geor	rt Individual Income Tax Return gia Department of Revenue 13 (Approved web version)	DEL	EXT		YOUR SSM	1#		
RE		JR FIRST NAME	MI	LAST NAME		SPOUSE'S SSM	\#		SUFFIX
BEL HE									
FIX LAF	SPC	DUSE'S FIRST NAME	МІ	LAST NAME	j				SUFFIX
ON AF	ADD	RESS (NUMBER AND STREET or P.O. BOX)			uite or Bui	lding Number)	CHECK IF ADD	RESS HAS CHANGED	Special Program Code
RMATIC			(000 2 0.0	р., с		······g · ······,			See Tax Booklet on Page 9
ER INFO									DEPARTMENT USE ONLY
[AXPAY]	CITY	Y (Please insert a space if the city has multi	ple names)		STATE	ZIP CODE			
	(2.2)								
STEI	(CO	UNTRY IF FOREIGN)		avable Income	anling	1 holow			
	1.	Use Federal Adjusted Gross Income, I Adjusted Gross Income from Form 1040EZ,						1.	. 00
	2.	2. If your filing status is single, enter \$5,000.00, married filing joint, enter \$10,400.00 2.						2.	_ 00
	3.	Subtract Line 2 from Line 1. If Line 2 is larg	jer than Line 1 ei	nter zero				3.	_ 00
	4.	Find the tax on the amount on Line 3. (Use	e Tax Table in t	he Tax Bookle	t on Page	es 20-22)	•	4.	_ 00
NO	5.	Low income tax credit. (Not allowed if you ar	e claimed as a de	ependent on and	other retur	n) 5a.	5b.	► 5c.	. 00
IPUTAT	6.	Line 4 Less Line 5c. If zero or less than z	zero, enter zero					6.	
AX CON	7.	Georgia income tax withheld (Enter tax v	vithheld only a	nd enclose W-	·2s, 1099	s, etc.)		7.	_ 00
F ↑	8.	If Line 6 is larger than Line 7, subtract Lin	e 7 from Line 6.	THE AMOUNT	OFTAX	YOU OWE		8.	_ 00
	9.	If Line 7 is larger than Line 6, subtract Line 6 f	from Line 7. THE	AMOUNT OF YOU	JR OVERP	AYMENT	>	9.	. 00
EP 2	10.	Georgia Wildlife Conservation Fund (No	gift less than \$	\$1.00)				10.	. 00
	11.	Georgia Children and Elderly Fund (No g	gift less than \$ ⁷	1.00)			▶	11.	. 00
ST	12.	Georgia Cancer Research Fund (No gift	t less than \$1.0	0)				12.	_ 00
	13.	Statewide Land Conservation Program (No gift less tha	an \$1.00)				13.	_ 00
	14.	Georgia National Guard Foundation (No	gift less than \$	\$1.00)				14.	_ 00
	15.	Dog and Cat Sterilization Fund (No gift	less than \$1.00))				15.	
	16.	Save the Cure Fund (No gift less than	\$1.00)					16.	
	17.	Georgia Student Finance Authority Fund		•				17.	
			SIGNATURES A	ARE REQUIRE	UN PAC	35 Z UF 1 HIS F			

Page 2

0	Georgia Form 500 \mathbf{EZ}	400204024					
B	Short Individual Income Tax Return						
E	Georgia Department of Revenue						
ŝ	2013 YOUR	SOCIAL SECURITY NUMBER	र				
NO			-				
Ĭ							
5	18. Add Line 10 thru Line 17 enter total here		18.				
COMPUTAT	10 (If you owe) Add line 8 and line 18 Complete and mail 525-TV	with return and navment					
	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						
→ TAX							
	20. (If you are due a refund) Subtract Line 18 from Line 9. THIS IS YOUR REFUND 20.						
STEP	STATE USE ONLY						
S							
6	Select one option only - See booklet page 13.	Routing					
NOI	20a. Direct Deposit (For U.S. Accounts Only) Type: Checking Savings	Number					
ОРТ	20b. Debit Card	Account Number					
DSIT	You can help eliminate \$1 Million of processing costs by choosing Direct Deposit	ROCESSING CENTER		PROCESSING CENTER			
DEP	or Debit Card. If you do not select Direct Green Label: GI	EORGIA DEPARTMENT OF REVENUE D BOX 740399	Blue Label: (REFUND and NO	GEORGIA DEPARTMENT OF REVENUE PO BOX 740380			
		LANTA, GA 30374-0399	BALANCE DUE)	ATLANTA, GA 30374-0380			
SIGNATURE	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.						
SIGI							
+		PHONE NUMBER					
	Taxpayer's Signature (Check box if deceased)	DATE					
	DATE						
ო							
STEP	Spouse's Signature (Check box if deceased)	DAT	E				
ò	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						
	Signature of Freparer	PREPARER'S SSN/PTIN					
		PHONE NUMBER					
			uthorize the Georgia	Department of Revenue to			
		electronically notify me at the below e-mail address					
	TAXPAYER'S EMAIL ADDRESS	reg	garding any updates	to my account(s).			
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.* 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.