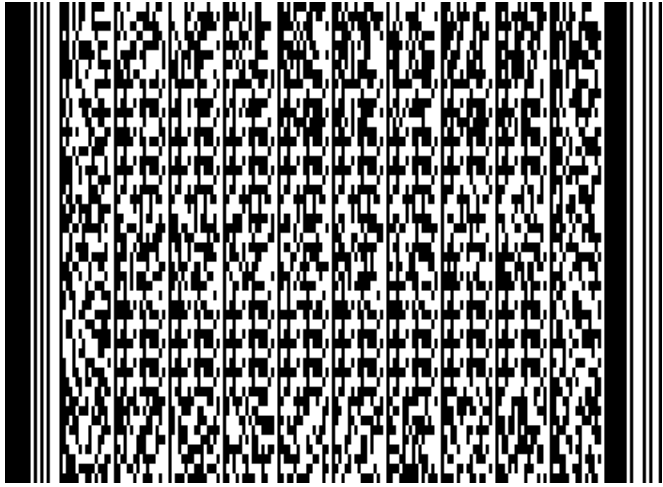


SAMPLE INDIVIDUAL RETURN



2400415015



Georgia Form **500** (Rev. 08/30/23)
Individual Income Tax Return
Georgia Department of Revenue
2023 (Approved software version)

Page **1**

Fiscal Year Beginning 01/01/2023

STATE ISSUED

Fiscal Year Ending 12/31/2023

YOUR DRIVER'S LICENSE/STATE ID

YOUR FIRST NAME
1. JOHN

MI

YOUR SOCIAL SECURITY NUMBER
000-00-0000

LAST NAME (For Name Change See IT-511 Tax Booklet)
TAXPAYER

SUFFIX

SPOUSE'S FIRST NAME
JANE

MI

SPOUSE'S SOCIAL SECURITY NUMBER
000-00-0000

LAST NAME
TAXPAYER

SUFFIX

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number)
2.

CHECK IF ADDRESS HAS CHANGED

CITY (Please insert a space if the city has multiple names)
3.

STATE

ZIP CODE

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number 4. **1**

Residency Status

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT

TO

3. NONRESIDENT

Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.

5. Enter Filing Status with appropriate letter (See IT- 511 Tax Booklet) 5. **B**

Filing Status

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Surviving Spouse

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself 6b. Spouse 6c. **2**

7a. Number of Qualified Dependents* 7b. Number of Unborn Dependents 7c. Total Number of Dependents

*Enter details on Line 7d., and DO NOT include yourself, spouse and/or your unborn dependents. See IT-511 Tax Booklet.

All Pages (1-5) are required for processing

SAMPLE INDIVIDUAL RETURN

Georgia Form **500**
Individual Income Tax Return
Georgia Department of Revenue
2023



YOUR SOCIAL SECURITY NUMBER
000-00-0000

Page 2

7d. Qualified Dependents. (If you have more than 4 dependents, attach a list of additional dependents).

First Name, MI.	Last Name
Social Security Number	Relationship to You

First Name, MI.	Last Name
Social Security Number	Relationship to You

First Name, MI.	Last Name
Social Security Number	Relationship to You

First Name, MI.	Last Name
Social Security Number	Relationship to You

INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3456.

- 8. Federal adjusted gross income (From Federal Form 1040) 8.
(Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.
- 9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) 9.
- 10. Georgia adjusted gross income (Net total of Line 8 and Line 9) 10.
- 11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION) 11a.
(See IT-511 Tax Booklet)
 - b. Self: 65 or over? Blind? Total x 1,300= 11b.
Spouse: 65 or over? Blind?
 - c. Total Standard Deduction (Line 11a + Line 11b) 11c.
Use EITHER Line 11c OR Line 12c (Do not write on both lines)
- 12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, **you must include Federal Schedule A.**
 - a. Federal Itemized Deductions (Schedule A - Form 1040) 12a.
 - b. Less adjustments: (See IT-511 Tax Booklet) 12b.
 - c. Georgia Total Itemized Deductions 12c.
- 13. Subtract either Line 11c or Line 12c from Line 10; enter balance 13.

SAMPLE INDIVIDUAL RETURN

Georgia Form **500**
Individual Income Tax Return
Georgia Department of Revenue
2023



YOUR SOCIAL SECURITY NUMBER
000-00-0000

Page 3

14a. Enter the number from Line 6c. 2 Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.	7400
14b. Enter the number from Line 7c. Multiply by \$3,000	14b.	
14c. Add Lines 14a. and 14b. Enter total	14c.	7400
15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14)	15a.	
15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information)	15b.	
15c. Georgia Taxable Income (Line 15a less Line 15b)	15c.	
16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet)	16.	
17. Low Income Credit	17a. 17b.	17c.
18. Other State(s) Tax Credit (Include a copy of the other state(s) return)	18.	
19. Credits used from IND-CR Summary Worksheet	19.	
20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)	20.	10000
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	21.	10000
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero	22.	

INCOME STATEMENT DETAILS Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12 or 13; Form G2-LP Line 11, or for Form G2-FL enter zero.**

(INCOME STATEMENT A)			(INCOME STATEMENT B)			(INCOME STATEMENT C)		
1. WITHHOLDING TYPE:			1. WITHHOLDING TYPE:			1. WITHHOLDING TYPE:		
W-2	G2-A	G2-LP	W-2	G2-A	G2-LP	W-2	G2-A	G2-LP
1099	G2-FL	G2-RP	1099	G2-FL	G2-RP	1099	G2-FL	G2-RP
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		

SAMPLE INDIVIDUAL RETURN

Georgia Form **500**
Individual Income Tax Return
Georgia Department of Revenue
2023



YOUR SOCIAL SECURITY NUMBER
000-00-0000

Page 4

(INCOME STATEMENT D)

1. WITHHOLDING TYPE:

W-2 G2-A G2-LP
1099 G2-FL G2-RP

**2. EMPLOYER/PAYER FEDERAL
ID NUMBER (FEIN) SSN**

3. EMPLOYER/PAYER STATE WITHHOLDING ID

4. GA WAGES / INCOME

5. GA TAX WITHHELD

(INCOME STATEMENT E)

1. WITHHOLDING TYPE:

W-2 G2-A G2-LP
1099 G2-FL G2-RP

**2. EMPLOYER/PAYER FEDERAL
ID NUMBER (FEIN) SSN**

3. EMPLOYER/PAYER STATE WITHHOLDING ID

4. GA WAGES / INCOME

5. GA TAX WITHHELD

(INCOME STATEMENT F)

1. WITHHOLDING TYPE:

W-2 G2-A G2-LP
1099 G2-FL G2-RP

**2. EMPLOYER/PAYER FEDERAL
ID NUMBER (FEIN) SSN**

3. EMPLOYER/PAYER STATE WITHHOLDING ID

4. GA WAGES / INCOME

5. GA TAX WITHHELD

- 23. **Georgia Income Tax Withheld on Wages and 1099s** 23.
(Enter Tax Withheld Only and include W-2s and/or 1099s)
- 24. **Other Georgia Income Tax Withheld** 24.
(Must include G2-A, G2-FL, G2-LP and/or G2-RP)
- 25. Estimated Tax paid for 2023 and Form IT-560 25.
- 26. Schedule 2B Refundable Tax Credits 26.
(Cannot be claimed unless filed electronically)
- 27. Total prepayment credits (Add Lines 23, 24, 25 and 26) 27.
- 28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter
balance due 28.
- 29. If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter
overpayment 29.
- 30. **Amount to be credited to 2024 ESTIMATED TAX** 30.
- 31. Georgia Wildlife Conservation Fund (No gift of less than \$1.00) 31.
- 32. Georgia Fund for Children and Elderly (No gift of less than \$1.00) 32.
- 33. Georgia Cancer Research Fund (No gift of less than \$1.00) 33.
- 34. Georgia Land Conservation Program (No gift of less than \$1.00) 34.
- 35. Georgia National Guard Foundation (No gift of less than \$1.00) 35.
- 36. Dog & Cat Sterilization Fund (No gift of less than \$1.00) 36.
- 37. Saving the Cure Fund (No gift of less than \$1.00) 37.
- 38. Realizing Educational Achievement Can Happen (REACH) Program 38.
(No gift of less than \$1.00)

345012 10-18-23

All Pages (1-5) are required for processing

SAMPLE INDIVIDUAL RETURN

Georgia Form **500**
Individual Income Tax Return
Georgia Department of Revenue
2023 Page 5



YOUR SOCIAL SECURITY NUMBER
000-00-0000

- 39. Public Safety Memorial Grant (No gift of less than \$1.00) 39.
- 40. Disabled Veteran's Scholarship Fund (No gift of less than \$1.00) 40.
- 41. Form 500 UET (Estimated tax penalty) 500 UET exception attached 41.
- 42. Penalty: Late Payment and/or Late Filing 42.
- 43. Interest 43.
- 44. (If you owe) Add Lines 28, 31 thru 43 44.

MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE

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

- 45. (If you are due a refund) Subtract the sum of Lines 30 thru 43 from Line 29
THIS IS YOUR REFUND 45.

Refund Due Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER,
PO BOX 740380 ATLANTA, GA 30374-0380

If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.

- 45a. Direct Deposit (U.S. Accounts Only) Type: Checking Savings

Routing
Number

Account
Number

Mail page 1-5 and any applicable schedules, forms, and documentation. DO NOT staple pages

I/we declare under the 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

SAMPLE INDIVIDUAL RETURN

Georgia Form **500**
(Rev. 08/30/23)
Schedule 1
Adjustments to Income
2023 (Approved software version)



Schedule 1
Page 1

YOUR SOCIAL SECURITY NUMBER
000-00-0000

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 | 1. | * If taxpayer made the election to treat any portion of their QRHOE payment as a state income tax payment, and deducted it on Form 1040, Schedule A, they must add it back to Georgia income on line 5. |
| 2. Lump Sum Distributions | 2. | |
| 3. Depreciation | 3. | |
| 4. Net operating loss carryover deducted on Federal return | 4. | * If payment was made by a business which deducted it as a business expense for federal income tax purposes, a 100% owner of such business must add back that amount on line 5, and those with less than 100% of the business would add back their prorata share on line 5. |
| 5. Other (Specify) QRHOE CREDIT ADJUSTMENT* | 5. | |
| 6. Total Additions (Enter sum of Lines 1-5 here) | 6. | |

SUBTRACTION from INCOME (See IT-511 Tax Booklet)

7. Retirement Income Exclusion

Taxpayer

Date of Birth: Required for Retirement Income Exclusion and Military Retirement Income Exclusion

- | | |
|--|-----|
| a. Retirement Income Exclusion - Complete Schedule 1, page 2. | 7a. |
| b. Military Retirement Income Exclusion (Must be under 62 years of age) - Complete Schedule 1, page 3. | 7b. |
| c. Date of Disability: Type of Disability: | 7c. |

Spouse

Date of Birth: Required for Retirement Income Exclusion and Military Retirement Income Exclusion

- | | |
|--|-----|
| d. Retirement Income Exclusion - Complete Schedule 1, page 2. | 7d. |
| e. Military Retirement Income Exclusion (Must be under 62 years of age) - Complete Schedule 1, page 3. | 7e. |
| f. Date of Disability: Type of Disability: | 7f. |

- | | |
|--|-----|
| 8. Social Security Benefits (Taxable portion from Federal return) | 8. |
| 9. Path2College 529 Plan | 9. |
| 10. Interest on United States Obligations (See IT-511 Tax Booklet) | 10. |
| 11. Depreciation | 11. |
| 12. Other Adjustments (Specify) | 12. |
| 13. Total Subtractions (Enter sum of Lines 7-12 here) | 13. |
| 14. Net Adjustments (Line 6 less Line 13). Enter Net Total here and on Line 9 of Page 2 (+ or -) of Form 500 or 500X | 14. |

SAMPLE INDIVIDUAL RETURN

Georgia Form 500 (Rev. 08/30/23) Schedule 2 Georgia Tax Credits 2023



Schedule 2 Page 1

YOUR SOCIAL SECURITY NUMBER 000-00-0000

(Approved software version)

SCHEDULE 2 GEORGIA TAX CREDIT USAGE AND CARRYOVER

See IT-511 Tax Booklet

- 1. Credit Code 136
2. Credit remaining from previous years
1. COMPANY/INDIVIDUAL NAME QUALIFIED RURAL HOSPITAL
CREDIT CERTIFICATE # 1234567890 FEIN/SSN 00-0000000 CREDIT GENERATED THIS TAX YEAR 10000
...
9. Total available credit for this tax year 10000
11. Credit used for this tax year 10000

CREDITS MUST BE FILED ELECTRONICALLY

CREDITS MUST BE FILED ELECTRONICALLY

SAMPLE INDIVIDUAL RETURN



2343904014

Please print your numbers like this in black or blue ink:

9 8 7 6 5 4 3 2 1 0

Georgia Form IT-QRHOE-TP2 2022 (Rev. 05/16/22)

Qualified Rural Hospital Organization Expense Tax Credit Computation

Georgia Department of Revenue

This form is to be used for taxable years beginning on or after January 1, 2022

This form is the last step in the process of the qualified rural hospital organization expense tax credit. This form is completed by the taxpayer and attached to their income tax return when it is filed. This form is used to compute the qualified rural hospital organization expense tax credit.

FIRST NAME OR NAME OF ENTITY

MI

TAXPAYER IDENTIFICATION NUMBER

J O H N

0 0 0 - 0 0 - 0 0 0 0

DEPARTMENT USE ONLY

LAST NAME IF INDIVIDUAL

SUFFIX

T A X P A Y E R

ELECTING S CORPORATION

ELECTING PARTNERSHIP

CORPORATION

INDIVIDUAL FILING SINGLE OR HEAD OF HOUSEHOLD

INDIVIDUAL FILING MARRIED JOINT RETURN

INDIVIDUAL FILING MARRIED SEPARATE RETURN

FIDUARY

INDIVIDUAL MEMBER OF A LIMITED LIABILITY COMPANY, SHAREHOLDER OF AN S CORPORATION OR PARTNER IN A PARTNERSHIP

If I deducted this amount from my Federal income, I added it back to my Georgia income tax.
(If it was not, the credit cannot be claimed)

I did not designate this amount for a particular individual.
(If you did, the credit cannot be claimed)

Did you receive the IT-QRHOE-RHO1 from the RHO?

Fill in all that apply A, B or C

A. Individuals

- 1. Total amount expended..... 1 0, 0 0 0 .00
- 2. Fill in the pre-approved amount here from the Form IT-QRHOE-TP1 that was returned to you by the Department..... 1 0, 0 0 0 .00
- 3. Tentative credit allowed before income tax liability limitation. The lesser of line 1 or 2..... 1 0, 0 0 0 .00

B. Individuals who are members of a Limited Liability Company, Shareholders of a Subchapter S Corporation or Partners in a Partnership

- 1. Total amount expended , , , .00
- 2. Total amount preapproved..... , , , .00
- 3. Georgia Income from Taxpayer selected pass through entities..... , , , .00
- 4. Percentage Limitation..... 5.75%
- 5. Multiply line 3 by line 4..... , , , .00
- 6. Credit allowed. Lesser of lines 1, 2, or 5..... , , , .00

SAMPLE INDIVIDUAL RETURN



2343904024

Georgia Form IT-QRHOE-TP2 2022 (Rev. 05/16/22)

Qualified Rural Hospital Organization Expense Tax Credit Computation

Georgia Department of Revenue

C. Corporations and Fiduciary Taxpayers or Electing S Corporation or Electing Partnership*

1. Total amount expended.....	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	.00
2. Total amount preapproved.....	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	.00
3. Tax liability.....	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	.00
4. Percentage Limitation.....															<input type="text"/>	75%
5. Multiply line 3 by line 4.....	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	.00
6. Credit allowed. Lesser of lines 1, 2, or 5	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	.00

Enter the credit allowed on the appropriate income tax form and attach this form.

* S Corporation that makes the election to pay tax at the entity level under O.C.G.A. § 48-7-21, and Partnership that makes the election to pay tax at the entity level under O.C.G.A. § 48-7-23.