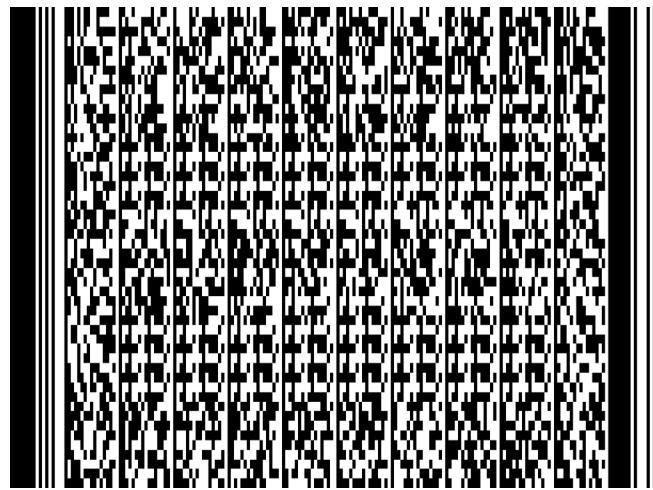


SAMPLE INDIVIDUAL RETURN



Georgia Form 500 (Rev. 07/09/25)

Individual Income Tax Return

Georgia Department of Revenue

2025 (Approved software version)

Page 1

Fiscal Year Beginning 01/01/2025

STATE ISSUED

Fiscal Year Ending 12/31/2025

YOUR DRIVER'S LICENSE/STATE ID

YOUR FIRST NAME

1. JOHN

MI

YOUR SOCIAL SECURITY NUMBER

000-00-0000

(Check box if deceased)

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

SUFFIX

Your Date of Birth
05/24/1976

SPOUSE'S FIRST NAME
JANE

MI

SPOUSE'S SOCIAL SECURITY NUMBER

000-00-0000

(Check box if deceased)

LAST NAME
TAXPAYER

SUFFIX

Spouse's Date of Birth
05/24/1976

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

CHECK IF ADDRESS HAS CHANGED

2.

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

STATE

ZIP CODE

3.

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number

Residency Status

4. 1

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.

Filing Status

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

5. B

A. Single

C. Married filing separately (Spouse's social security number must be entered above)

B. Married filing jointly

D. Head of household or Qualifying surviving spouse

6a. Reserved 6.

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
2025



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) 11.

24000

Enter \$12,000 if the filing status from Line 5 is A, C, or D. If the filing status is B, enter \$24,000.
Use EITHER Line 11 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 11 or Line 12c from Line 10; enter balance 13. -24000

SAMPLE INDIVIDUAL RETURN

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Individual Income Tax Return
Georgia Department of Revenue
2025



YOUR SOCIAL SECURITY NUMBER
000-00-0000

Page 3

14. Enter the number from Line 7c.	Multiply by \$4,000	14.	
15a. Income before GA NOL (Line 13 less Line 14 or Schedule 3, Line 14)	.....	15a.	-24000
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 (Subtract Line 15b from Line 15a)	.....	15c.	-24000
16. Tax (Multiply Line 15c by 5.19%. Round to the nearest dollar)	.....	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. Georgia Eligible Itemizer Tax Credit (See IT-511 Tax Booklet)	.....	19.	
20. Credits used from IND-CR Summary Worksheet	.....	20.	
21. Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)	.....	21.	10000
22. Total Credits Used (sum of Lines 17-21) cannot exceed Line 16	.....	22.	10000
23. Balance (Subtract Line 22 from Line 16) if zero or less than zero, enter zero ...	23.		

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: W-2 G2-A G2-LP 1099 G2-FL G2-RP	1. WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP	1. WITHHOLDING TYPE: W-2 G2-A G2-LP 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

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PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.
All Pages (1-5) are required for processing

SAMPLE INDIVIDUAL RETURN

Georgia Form 500
Individual Income Tax Return
Georgia Department of Revenue
2025 Page 5



2600415057

YOUR SOCIAL SECURITY NUMBER
000-00-0000

40. Public Safety Memorial Grant (**No gift of less than \$1.00**) 40.
41. Disabled Veteran's Scholarship Fund (**No gift of less than \$1.00**) 41.
42. Form 500 UET (**Estimated tax penalty**) 500 UET exception attached 42.
43. Penalty: Late Payment and/or Late Filing 43.
44. Interest 44.
45. (**If you owe**) Add Lines 29, 32 through 44 45.

MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE

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

46. (**If you are due a refund**) Subtract the sum of Lines 31 thru 44 from Line 30
THIS IS YOUR REFUND 46.

Refund Due Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER,
PO BOX 740392 ATLANTA, GA 30374-0392

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

46a. **Direct Deposit** (U.S. Accounts Only) Type: Checking Savings

Routing
Number

Account
Number

Mail pages 1-5 and any applicable schedules, forms, 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

Spouse's Signature

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. 07/09/25)

Schedule 1
Adjustments to Income

2025 (Approved software version)



2607215017

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
2. Lump Sum Distributions
3. Depreciation
4. Net operating loss carryover deducted on Federal return
5. Other (Specify) **QRHOE CREDIT ADJUSTMENT***
6. Total Additions (Enter sum of Lines 1-5 here)

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. * 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.
3.
4.
5.
6.

SUBTRACTION from INCOME (See IT-511 Tax Booklet)

7. Retirement Income Exclusion

Taxpayer

- 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

- 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. 07/09/25)

Schedule 2
Georgia Tax Credits
2025
(Approved software version)



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Schedule 2
Page 1

YOUR SOCIAL SECURITY NUMBER
000-00-0000

SCHEDULE 2 GEORGIA TAX CREDIT USAGE AND CARRYOVER

See IT-511 Tax Booklet

1. Credit Code	1.	136
2. Credit remaining from previous years (If from a business, do not include amounts elected to be applied to withholding)	2.	
3. COMPANY/INDIVIDUAL NAME QUALIFIED RURAL HOSPITAL		
CREDIT CERTIFICATE # 1234567890	FEIN/SSN 000000000	CREDIT GENERATED THIS TAX YEAR 10000
4. COMPANY/INDIVIDUAL NAME		
CREDIT CERTIFICATE #	FEIN/SSN	CREDIT GENERATED THIS TAX YEAR
5. COMPANY/INDIVIDUAL NAME		
CREDIT CERTIFICATE #	FEIN/SSN	CREDIT GENERATED THIS TAX YEAR
6. COMPANY/INDIVIDUAL NAME		
CREDIT CERTIFICATE #	FEIN/SSN	CREDIT GENERATED THIS TAX YEAR
7. COMPANY/INDIVIDUAL NAME		
CREDIT CERTIFICATE #	FEIN/SSN	CREDIT GENERATED THIS TAX YEAR
8. COMPANY/INDIVIDUAL NAME		
CREDIT CERTIFICATE #	FEIN/SSN	CREDIT GENERATED THIS TAX YEAR
9. Total available credit for this tax year (sum of Lines 2 through 8)	9.	10000
10. Enter the amount of the credit sold (only certain credits can be sold, see IT-511 Tax Booklet)	10.	
11. Credit used for this tax year	11.	10000
12. Potential carryover to next tax year, if applicable (Line 9 less Lines 10 and 11)	12.	

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CREDITS MUST BE FILED ELECTRONICALLY

CREDITS MUST BE FILED ELECTRONICALLY

SAMPLE INDIVIDUAL RETURN



Page 1

Georgia Form IT-QRHOE-TP2 2024 (Rev. 06/10/24)

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, 2024.

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

JOHN

000-00-0000

LAST NAME IF INDIVIDUAL

SUFFIX

TAX YEAR ENDING DATE

TAXPAYER

12/31/2025

<input type="checkbox"/> ELECTING S CORPORATION	<input type="checkbox"/> ELECTING PARTNERSHIP
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> INDIVIDUAL FILING SINGLE OR HEAD OF HOUSEHOLD
<input type="checkbox"/> FIDUCIARY	<input checked="" type="checkbox"/> INDIVIDUAL FILING MARRIED JOINT RETURN
	<input type="checkbox"/> INDIVIDUAL FILING MARRIED SEPARATE RETURN
<input type="checkbox"/> 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 either A, B, or C

A. Individuals

1. Total amount expended..... 1. 10,000
2. Fill in the pre-approved amount here from the form IT-QRHOE-TP1 that was returned to you by the Department..... 2. 10,000
3. Tentative credit allowed before income tax liability limitation. The lesser of line 1 or 2..... 3. 10,000

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..... 1. _____
2. Total amount approved..... 2. _____
3. Georgia Income from Taxpayer selected pass through entities 3. _____
4. Enter applicable tax rate..... 4. 5.19 %
5. Multiply line 3 by line 4..... 5. _____
6. Credit allowed. Lesser of lines 1, 2, or 5..... 6. _____

SAMPLE INDIVIDUAL RETURN



Page 2

Georgia Form IT-QRHOE-TP2 2024 (Rev. 06/10/24)

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	1.
2. Total amount approved.....	2.
3. Tax liability.....	3.
4. Percentage Limitation.....	4. 75 %
5. Multiply line 3 by line 4.....	5.
6. Credit allowed. Lesser of lines 1, 2, or 5.....	6.

* 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.

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