Press to Print and Clear Form

Press to Clear Form

GEORGIA FORM 500

INDIVIDUAL INCOME TAX RETURN

2000

Page 1

0000104711

DEPARTMENT USE ONLY

DEPARTMENT USE ONLY

Del Ext Misc.

Fiscal Year Beginning: Mo. / Day / Yr. Ending: Mo. / Day / Yr.

Check box if you are using a Software Program **OR** if you do not want a booklet next year.

USE BLACK INK ONLY

USE GEORGIA LABEL IF CORRECT. OTHERWISE CHECK CHANGE OF ADDRESS BOX AND PRINT OR TYPE

STEP1

LABEL

YOUR FIRST NAME | INITIAL | YOUR SOCIAL SECURITY NUMBER

YOUR LAST NAME | SUFFIX

SPOUSE'S FIRST NAME | INITIAL | SPOUSE'S SOCIAL SECURITY NUMBER

SPOUSE'S LAST NAME | SUFFIX | CHECK IF FOREIGN ADDRESS

Change of Address

2. ADDRESS LINE 1 | ADDRESS LINE 2 OR APARTMENT NUMBER

3. CITY | STATE | ZIP CODE | COUNTRY IF FOREIGN

ATTACH GEORGIA COPY OF WITHHOLDING STATEMENT(S) HERE. ALSO, IF TAX IS DUE, ATTACH CHECK ON TOP OF W-2 FORM(S)

RES

4. Use one number only and enter in the Residency Code box. PART-YEAR RESIDENTS AND NONRESIDENTS MUST OMIT LINES 9 THROUGH 14 AND USE SCHEDULE 3 OF FORM 500, PAGE 4.

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT FROM / / TO / / 3. NONRESIDENT

RESIDENCY CODE NUMBER

STEP 2

5. Fill in Filing Status Block with appropriate letter. **(Must be same status as used on your Federal Return.)**

A. SINGLE
B. MARRIED FILING JOINT
C. MARRIED FILING SEPARATE (Spouse's social security no. must be entered above)
D. HEAD OF HOUSEHOLD OR QUALIFYING WIDOW(ER)

FILING STATUS

EXEMPTIONS AND DEPENDENTS

6. Number of Exemptions from Federal Form 1040 or 1040A (see instructions).....

7. If more than four dependents, attach a list

Dependents:

First Name	Last	Dependent's social security number	Dependent's relationship to you

STEP 3 INCOME

IF AMOUNT ON LINE 8, 9, 10, 13, OR 15 IS NEGATIVE, FILL IN CIRCLE. EXAMPLE: ●

If the amount on Line 8 is $40,000 or more, or your adjusted gross income is less than your W-2s, you are required to attach a copy of your Federal 1040 Pages 1 and 2. Do not attach other Federal Schedules.

8. Federal adjusted gross income (From Federal Form 1040 or 1040A or 1040EZ)... ➤ 8.
DO NOT USE FEDERAL TAXABLE INCOME

9. Adjustments from Schedule 1. (See instructions on Page 7, Line 9)..... ➤ 9.

10. Georgia adjusted gross income (Net total of Line 8 and Line 9)..... 10.

IF YOU USE STANDARD DEDUCTION ON YOUR FEDERAL RETURN YOU MUST USE STANDARD DEDUCTION ON YOUR GEORGIA RETURN

STEP 4 DEDUCTIONS

11. STANDARD Deduction (SEE INSTRUCTIONS - LINE 11)
Do not use Federal Standard Deduction. 11a

b. Are YOU 65 or over ☐ blind ☐ SPOUSE 65 or over ☐ blind ☐ x 1,300 = ... 11b

c. TOTAL STANDARD deduction (Line 11a + Line 11b)..... ➤ 11c

Use EITHER Line 11c or Line 12 (DO NOT WRITE ON BOTH)

12. TOTAL ITEMIZED deductions used in computing Federal taxable income

Schedule A-Form 1040 Less: See Line 12 instructions ➤ 12=

For Department Use Only

ELECTRONIC FILING MAY SPEED YOUR REFUND BY 8 WEEKS

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Social security number:

STEP 5
TAX COMPUTATION

13. Subtract either Line 11c or Line 12 from Line 10; enter balance..... 13
14. Number from block on Line 6 ____multiplied by $2,700..... ➤ 14
15. Georgia taxable income (Line 13 less Line 14 or Line 14, Schedule 3)..... ➤ 15
16. Tax (Use Tax Table on Pages 9 and 10)..... ➤ 16
17. Credits (Enter total but not more than the amount on Line16) from Schedule 2, Page 3..... ➤ 17
18. Balance (Line 16 less Line 17) If zero or less than zero, enter zero..... 18
19. GEORGIA INCOME TAX WITHHELD (Attach withholding statements)..... ➤ 19
20. **Estimated tax for 2000 and Form IT-500 PV**..... ➤ 20
21. Low Income Credit (See worksheet on Page 11) ➤ 21a ____ x 21b ____ ..... ➤ 21c
22. **Department use only**..... ➤ 22
23. Total prepayment credits (Add Lines 19, 20, and 21C)..... ➤ 23
24. If Line 18 exceeds Line 23 enter BALANCE DUE STATE..... ➤ 24
25. If Line 23 exceeds Line 18 enter OVERPAYMENT amount..... ➤ 25
26. Amount to be credited to 2001 ESTIMATED TAX..... ➤ 26
27. Georgia Wildlife Conservation Fund (No gift of less than $1.00)..... ➤ 27
28. Georgia Children and Elderly Fund (No gift of less than $1.00)..... ➤ 28
29. Georgia Cancer Research Fund (No gift of less than $1.00)..... ➤ 29
30. Form 500 UET (Estimated tax penalty)..... ➤ 30
31. Add Lines 24, 27, 28, 29 and 30 (Balance due)..... 31
MAKE CHECK PAYABLE FOR THIS AMOUNT TO GEORGIA INCOME TAX DIVISION
32. Amount to be refunded. Line 25 minus Lines 26, 27, 28, 29 and 30 if applicable..... 32

OVERPAYMENTS (REFUNDS)	GEORGIA INCOME TAX DIVISION P.O. BOX 740380 ATLANTA, GEORGIA 30374-0380	PAYMENTS AND OTHER	GEORGIA INCOME TAX DIVISION P.O. BOX 740399 ATLANTA, GEORGIA 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 the preparer has any knowledge.

SIGN HERE

YOUR SIGNATURE
X

DATE

DAYTIME PHONE NUMBER

SPOUSE'S SIGNATURE
X

DATE

By initialing this box I/We authorize the Georgia Department of Revenue to discuss this tax return with the preparer named below.

SIGNATURE OF PREPARER IF OTHER THAN TAXPAYER
X

IDENTIFICATION NUMBER OF PREPARER

DATE

Form 500
2000 Schedule
Page 3

0000104731

Social security number :

Name: _____

SCHEDULE 1 ADJUSTMENTS TO INCOME BASED ON GEORGIA LAW (See Page 7 of instructions)

ADDITIONS TO INCOME

1. Interest on Non-Georgia Municipal and State Bonds..... $
2. Lump Sum Distributions..... $
3. Other (Specify)..... $
4. Total Additions (Enter sum of Lines 1-3 here)..... $

SUBTRACTIONS FROM INCOME

5. Retirement Income Exclusion
   (See Retirement income Exclusion worksheet, Page 13.) Type of Disability:_____
   A. Self: Date of Birth / / Date of Disability / / $
   B. Spouse: Date of Birth / / Type of Disability: _____ Date of Disability / / $
6. Social Security Benefits (Taxable portion)..... $
7. Railroad Retirement Benefits (Taxable portion)..... $
8. Interest on United States Obligations..... $
   (See Page 7 of instructions.)
9. Other (Specify)..... $
10. Total Subtractions (Enter sum on Lines 5-9 here)..... $
11. Net Adjustments (Line 4 less Line 10, enter net total here and on Line 9 of Page 1) (+ or -)..... $

SCHEDULE 2 CREDITS FOR LINE 17, PAGE 2

1. Other State Credit (See worksheet, Page 11)..... $
2. Low Emission Vehicle Credit..... $
3. Credits from Form IND-CR (Rural Physicians Credit, Disabled Person Home Purchase or Retrofit Credit, and Qualified Caregiving Expense Credit)..... $
4. Other Credits, Please Specify..... $
   Pass Through Credits from Ownership of Sole Proprietor, S Corp., LLC, LLP or Partnership Interest
5. Employer's Credit for Basic Skills Education..... $
   Name of Business Entity_____
6. Employer's Credit for Approved Employee Retraining..... $
   Name of Business Entity_____
7. Employer's New Jobs Credit..... $
   Name of Business Entity_____
8. Employer's Credit for Providing or Sponsoring Childcare for Employees..... $
   Name of Business Entity_____
9. Manufacturer's Investment Tax Credit..... $
   Name of Business Entity_____
10. Optional Investment Tax Credit..... $
    Name of Business Entity_____
11. Other Credits, Please Specify..... $
    Name of Business Entity_____
12. Enter the Total of Lines 1 through 11 here and on Line 17, Page 2..... $

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Social security number :

SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR PART-YEAR RESIDENTS AND NONRESIDENTS

Income earned in another state as a Georgia resident is taxable. See other state credit, Page 8, Line 17, and Page 11.

DO NOT USE LINES 9 THROUGH 14 OF PAGES 1 AND 2, FORM 500

	Federal Income after Georgia Adjustments COLUMN A	Income Not Taxable to Georgia COLUMN B	Georgia Income COLUMN C
1. Wages, Salaries, Tips, etc.....	, ,	, ,	, ,
2. Interest and Dividends.....	, ,	, ,	, ,
3. Business Income or (Loss).....	, ,	, ,	, ,
4. Other Income or (Loss).....	, ,	, ,	, ,
5. Total Income: Total Lines 1 through 4.....	, ,	, ,	, ,
Adjustments to Income:			
6. Total from Federal Form 1040.....	, ,	, ,	, ,
7. Total from Form 500, Schedule 1, Page 3 (See instructions Line 9, Page 7).....	, ,	, ,	, ,
8. Adjusted Gross Income: Line 5 plus or minus Lines 6 and 7.....	, ,	, ,	, ,
9. RATIO: Divide Line 8, Column C by Line 8, Column A. Enter percentage.....		%	**Not to exceed 100%**
10. Itemized or Standard Deduction (See instructions for Line 10, Page 12).....		, ,	
11. Personal Exemption from Form 500, Page 1, Line 6, multiplied by $2700....		, ,	
12. Total Deductions and Exemptions: Add Lines 10 and 11.....		, ,	
13. Multiply Line 12 by Ratio on Line 9 and enter result.....			, ,
14. Georgia Taxable Income: Subtract Line 13 from Line 8, Column C **Enter here and on Line 15, Page 2 of Form 500.....**			, ,

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