



**YOUR SOCIAL SECURITY NUMBER**

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30. Georgia Wildlife Conservation Fund (No gift of less than \$1.00)..... ▶ 30.
31. Georgia Fund for Children and Elderly (No gift of less than \$1.00)..... ▶ 31.
32. Georgia Cancer Research Fund (No gift of less than \$1.00) ..... ▶ 32.
33. Georgia Land Conservation Program (No gift of less than \$1.00)..... ▶ 33.
34. Georgia National Guard Foundation (No gift of less than \$1.00) ..... ▶ 34.
35. Dog & Cat Sterilization Fund (No gift of less than \$1.00) ..... ▶ 35.
36. Saving the Cure Fund (No gift of less than \$1.00)..... ▶ 36.
37. Realizing Educational Achievement Can Happen (REACH) Program ..... ▶ 37.  
(No gift of less than \$1.00)
- FOR DEPARTMENT USE ONLY..... ▶
38. Form 500 UET (Estimated tax penalty)..... ▶ 38.
39. (If you owe) Add Lines 27, 30 thru 38  
MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE.. ▶ 39.
40. (If you are due a refund) Subtract the sum of Lines 29 thru 38 from Line 28  
THIS IS YOUR REFUND..... ▶ 40.

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40a. Direct Deposit (For U.S. Accounts Only) Type:  Checking  Savings

Routing Number   
Account Number

You can help eliminate \$1 Million of processing costs by choosing Direct Deposit. If you do not enter Direct Deposit information, a paper check will be issued.

(PAYMENT) PROCESSING CENTER  
GEORGIA DEPARTMENT OF REVENUE  
PO BOX 740399  
ATLANTA, GA 30374-0399

(REFUND and NO BALANCE DUE) PROCESSING CENTER  
GEORGIA DEPARTMENT OF REVENUE  
PO BOX 740380  
ATLANTA, GA 30374-0380

ENCLOSE ALL ITEMS IN RETURN ENVELOPE. DO NOT STAPLE YOUR CHECK, W-2s, OTHER WITHHOLDING DOCUMENTS, OR TAX RETURN 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. 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.

Taxpayer's Signature  (Check box if deceased) PHONE NUMBER

Spouse's Signature  (Check box if deceased) DATE

NAME OF PREPARER OTHER THAN TAXPAYER

PREPARER'S FIRM NAME

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/SIDN

I authorize the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s). PHONE NUMBER

TAXPAYER'S EMAIL ADDRESS

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING