Georgia Form 500
Individual Income Tax Return
Georgia Department of Revenue
2019

2000404051

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YOUR SOCIAL SECURITY NUMBER

39. Public Safety Memorial Grant **(No gift of less than $1.00)**..... 39. .00

40. Form 500 UET **(Estimated tax penalty)** ☐ 500 UET exception attached 40. .00

41. **(If you owe)** Add Lines 28, 31 thru 40
MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE.. 41. .00

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

42. **(If you are due a refund)** Subtract the sum of Lines 30 thru 40 from Line 29
THIS IS YOUR REFUND..... 42. 0.00

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

42a. **Direct Deposit** (U.S. Accounts Only)

Type: Checking ☐ Savings ☐

Routing Number

Account Number

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

INCLUDE ALL ITEMS IN 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)

Date

Spouse's Signature ☐ (Check box if deceased)

Date

Taxpayer's Phone Number

☐ I authorize DOR to discuss this return with the named preparer.

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

Signature of Preparer

Preparer's Phone Number

Name of Preparer Other Than Taxpayer

Preparer's FEIN

Preparer's Firm Name

Preparer's SSN/PTIN/SIDN

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING