Georgia Form 500	
Georgia Department of Revenue 2500404156 2024 Page 5	YOUR SOCIAL SECURITY NUMBER
40. Public Safety Memorial Grant (No gift of less than \$1.00)	
41. Disabled Veterans' Scholarship Fund (No gift of less than \$1.00)	
42. Form 500 UET (Estimated tax penalty) 500 UET exception attached 42.	
43. Penalty: Late Payment and/or Late Filing	
44. Interest 44.	
45. (If you owe) Add Lines 29, 32 through 44	,, 00
 46. (If you are due a refund) Subtract the sum of Lines 31 thru 44 from Line 30 THIS IS YOUR REFUND	
If you do not enter Direct Deposit information or if you are a first time filer 46a. Direct Deposit (U.S. Accounts Only) Type: Checking Savings	you will be issued a paper check.
Routing Account Number Number	
Mail pages 1-5 and any applicable schedules, forms, documentation. I I/We declare under the penalties of perjury that I/we have examined this return (including accompanying sch and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaratio	edules and statements) and to the best of my/our knowledge on is based on all information of which the preparer has knowledge.
Taxpayer's Signature (Check box if deceased) Spouse's Signat	ture (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 my account(s). Taxpayer's E-mail Address	notify me at the below e-mail address regarding any updates to
Signature of Preparer Name of Preparer Other Than Taxpayer Preparer's Firm Name	Preparer's Phone Number Preparer's FEIN Preparer's SSN/PTIN/SIDN

All Pages (1-5) are required for processing