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

2600404157

YOUR SOCIAL SECURITY NUMBER
___ - __ - ____

40. Public Safety Memorial Grant **(No gift of less than $1.00)** ..... 40. __,___.00

41. Disabled Veterans' Scholarship Fund **(No gift of less than $1.00)** ..... 41. __,___.00

42. Form 500 UET **(Estimated tax penalty)** ☐ 500 UET exception attached..... 42. __,___,___.00

43. Penalty: Late Payment and/or Late Filing ..... 43. __,___,___.00

44. Interest ..... 44. __,___,___.00

45. **(If you owe)** Add Lines 29, 32 through 44..... 45. __,___,___.00
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. __,___,___.00
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.

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