



1700404017

Georgia Form 500 (Rev. 08/02/16) Individual Income Tax Return Georgia Department of Revenue 2016 (Approved web version)

Page 1

Fiscal Year Beginning 01 - 01 - 2016

Please check this box if you have attached more than three pages of Form 500 Schedule 2.

Fiscal Year Ending 12 - 31 - 2016

DRIVER'S LICENSE/STATE ID

STATE ISSUED GA

YOUR FIRST NAME

MI YOUR SOCIAL SECURITY NUMBER

1. SANDRA

D

LAST NAME

SUFFIX

Special Program Code See IT-511 Tax Booklet

SPOUSE'S FIRST NAME

MI SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME

SUFFIX

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED

2. 3647 WRIGHTSBORO ROAD

APT 8206

CITY (Please insert a space if the city has multiple names)

STATE ZIP CODE

3. AUGUSTA

GA 30909

500 UET Exception Attached

(COUNTRY IF FOREIGN)

Residency Status

4. Enter your Residency Status with the appropriate number. 4. 1

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

Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Form 500 Schedule 3.

Filing Status

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet) 5. A

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er)

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself X 6b. Spouse 6c. 1

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING



YOUR SOCIAL SECURITY NUMBER [REDACTED]

- 7a. Number of Dependents (Enter details on Line 7c., and DO NOT include yourself or your spouse).....▶ 7a.
- 7b. Add Lines 6c and 7a. Enter total.....▶ 7b. **1**

7c. Dependents (If you have more than 5 dependents, attach a list of additional dependents)

First Name, MI.	Last Name
Social Security Number	Relationship to You
First Name, MI.	Last Name
Social Security Number	Relationship to You
First Name, MI.	Last Name
Social Security Number	Relationship to You
First Name, MI.	Last Name
Social Security Number	Relationship to You
First Name, MI.	Last Name
Social Security Number	Relationship to You

INCOME COMPUTATIONS

- If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3,456.**
8. Federal adjusted gross income (From Federal Form 1040, 1040A or 1040 EZ) ▶ 8. **0**
 (Do not use **FEDERAL TAXABLE INCOME**) if the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must enclose a copy of your Federal Form 1040 Pages 1 and 2.
9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet).....▶ 9. **0**
10. Georgia adjusted gross income (Net total of Line 8 and Line 9).....▶ 10. **0**

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING



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YOUR SOCIAL SECURITY NUMBER [REDACTED]

11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION)..... (See IT-511 Tax Booklet)	▶ 11a.	2 3 0 0
b. Self: 65 or over? Blind? Total x 1,300=.....	▶ 11b.	
Spouse: 65 or over? Blind?		
c. Total Standard Deduction (Line 11a + Line 11b)..... Use EITHER Line 11c OR Line 12c (Do not write on both lines)	▶ 11c.	2 3 0 0
12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must enclose Federal Schedule A		
a. Federal Itemized Deductions (Schedule A-Form 1040)	▶ 12a.	
b. Less adjustments: (See IT-511 Tax Booklet)	▶ 12b.	
c. Georgia Total Itemized Deductions.....	▶ 12c.	
13. Subtract either Line 11c or Line 12c from Line 10; enter balance.....	▶ 13.	- 2 3 0 0
14a. Number on Line 6c. multiply by \$2,700 for filing status A or D OR multiply by \$3,700 for filing status B or C	▶ 14a.	2 7 0 0
14b. Number on Line 7a. multiply by \$3,000.....	▶ 14b.	0
14c. Add Lines 14a. and 14b. Enter total.....	▶ 14c.	2 7 0 0
15. Georgia taxable income (Line 13 less Line 14c or Schedule 3, Line 14)	▶ 15.	- 5 0 0 0
16. Tax (Use Tax Table in the IT-511 Tax Booklet).....	▶ 16.	0
17. Low Income Credit 17a. 17b. 	▶ 17c.	0
18. Other State(s) Tax Credit.....	▶ 18.	0
19. Credits used from IND-CR Summary Schedule.....	▶ 19.	0
20. Total Credits used from all non IND-CR credits (Sum of all Schedule 2s)..	▶ 20.	0
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	▶ 21.	0
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero	▶ 22.	0
23. Georgia Income Tax Withheld on Wages and 1099s	▶ 23.	1 4 9 9
(Enter Tax Withheld Only and enclose W-2s and/or 1099s)		
24. Other Georgia Income Tax Withheld.....	▶ 24.	0
(Must enclose G2-A, G2-FL, G2-LP and/or G2-RP)		

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING



1700404047

YOUR SOCIAL SECURITY NUMBER XXXXXXXXXX

INCOME STATEMENT DETAILS Enter income reported from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from Form G2-RP Line 12 or 13; Form G2-LP Line 11, or for Form G2-FL enter zero.

(INCOME STATEMENT A)			(INCOME STATEMENT B)			(INCOME STATEMENT C)		
1. WITHHOLDING TYPE:			1. WITHHOLDING TYPE:			1. WITHHOLDING TYPE:		
W-2s	G2-A	G2-LP	W-2s	G2-A	G2-LP	W-2s	G2-A	G2-LP
1099s	G2-FL	G2-RP	1099s	G2-FL	G2-RP	1099s	G2-FL	G2-RP
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN			2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN			2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN		
3. EMPLOYER/PAYER STATE WITHHOLDING ID			3. EMPLOYER/PAYER STATE WITHHOLDING ID			3. EMPLOYER/PAYER STATE WITHHOLDING ID		
4. GA WAGES / INCOME			4. GA WAGES / INCOME			4. GA WAGES / INCOME		
5. GA TAX WITHHELD			5. GA TAX WITHHELD			5. GA TAX WITHHELD		
(INCOME STATEMENT D)			(INCOME STATEMENT E)			(INCOME STATEMENT F)		
1. WITHHOLDING TYPE:			1. WITHHOLDING TYPE:			1. WITHHOLDING TYPE:		
W-2s	G2-A	G2-LP	W-2s	G2-A	G2-LP	W-2s	G2-A	G2-LP
1099s	G2-FL	G2-RP	1099s	G2-FL	G2-RP	1099s	G2-FL	G2-RP
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN			2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN			2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN		
3. EMPLOYER/PAYER STATE WITHHOLDING ID			3. EMPLOYER/PAYER STATE WITHHOLDING ID			3. EMPLOYER/PAYER STATE WITHHOLDING ID		
4. GA WAGES / INCOME			4. GA WAGES / INCOME			4. GA WAGES / INCOME		
5. GA TAX WITHHELD			5. GA TAX WITHHELD			5. GA TAX WITHHELD		

Please complete the Supplemental W-2 Income Statement if additional space is needed.

25. Estimated tax for 2016 and Form IT-560	▶ 25.		0
26. Total prepayment credits (Add Lines 23, 24 and 25).....	▶ 26.	1 4 9 9	
27. If Line 22 exceeds Line 26 enter BALANCE DUE STATE	▶ 27.		0
28. If Line 26 exceeds Line 22 enter OVERPAYMENT amount	▶ 28.	1 4 9 9	
29. Amount to be credited to 2017 ESTIMATED TAX	▶ 29.		0



1700404057

YOUR SOCIAL SECURITY NUMBER [REDACTED]

- 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.

0

0

1,499

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 746399
ATLANTA, GA 30374-0399

(REFUND and NO BALANCE DUE)

PROCESSING CENTER
GEORGIA DEPARTMENT OF REVENUE
PO BOX 746399
ATLANTA, GA 30374-0399

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

Sandra [REDACTED]
Taxpayer's Signature (Check box if deceased)

PHONE NUMBER _____

DATE 03032017

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 _____

Form **4852**

(Rev. September 2014)

Department of the Treasury
Internal Revenue Service

Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

▶ Attach to Form 1040, 1040A, 1040-EZ, or 1040X.

▶ Information about Form 4852 is available at www.irs.gov/form4852.

OMB No. 1545-0074

1 Name(s) shown on return
Sandra D. [REDACTED]

2 Your social security number
[REDACTED]

3 Address
[REDACTED] **Wrightsboro Road, Apt. 8206, Augusta, GA [REDACTED]**

4 Enter year in space provided and check one box. For the tax year ending December 31, 2016,

I have been unable to obtain (or have received an incorrect) Form W-2 OR Form 1099-R.

I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.

5 Employer's or payer's name, address, and ZIP code
Richmond County Board of Education
864 Broad Street, Augusta, GA 30901

6 Employer's or payer's identification number (if known)
586000310

7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.

a Wages, tips, and other compensation	<u>0</u>	f State income tax withheld	<u>1,499</u>
b Social security wages	<u>0</u>	(Name of state) <u>Georgia</u>	
c Medicare wages and tips	<u>0</u>	g Local income tax withheld	<u>0</u>
d Social security tips		(Name of locality)	
e Federal income tax withheld	<u>3,354</u>	h Social security tax withheld	<u>1897</u>
		i Medicare tax withheld	<u>444</u>

8 Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.

a Gross distribution		f Federal income tax withheld	
b Taxable amount		g State income tax withheld	
c Taxable amount not determined	<input type="checkbox"/>	h Local income tax withheld	
d Total distribution	<input type="checkbox"/>	i Employee contributions	
e Capital gain (included in line 8b)		j Distribution codes	

9 How did you determine the amounts on lines 7 and 8 above?

The amounts were determined from the W-2 I received from the Payer named in section 5 above. Corrections were made, as I did not receive any "wages" as defined in IRC section 3401(a) and section 3121(a). I did not engage in a federally related privileged activity.

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.

None. Payer issued the W-2 before "wages" error was noted.

I certify under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief

Sandra D. [REDACTED]
Sandra D. Brickey

3/3/2017
Date