



2000404011

**Georgia Form 500** (Rev. 06/20/19)  
**Individual Income Tax Return**  
Georgia Department of Revenue  
**2019** (Approved web version)

**Page 1**

Fiscal Year Beginning STATE ISSUED  
Fiscal Year Ending YOUR DRIVER'S LICENSE/STATE ID

1. YOUR FIRST NAME MI YOUR SOCIAL SECURITY NUMBER

LAST NAME (For Name Change See IT-511 Tax Booklet) SUFFIX

SPOUSE'S FIRST NAME MI SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME SUFFIX

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

DEPARTMENT USE ONLY

3. CITY (Please insert a space if the city has multiple names) STATE ZIP CODE

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number..... 4.  
1. FULL- YEAR RESIDENT 2. PART- YEAR RESIDENT TO 3. NONRESIDENT

**Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.**

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... 5.  
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  6b. Spouse  6c.

7a. Number of Dependents (Enter details on Line 7b, and DO NOT include yourself or your spouse)..... 7a.



**YOUR SOCIAL SECURITY NUMBER**

7b. Dependents (If you have more than 4 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

**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).....	8.	00
<b>(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 include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.</b>		
9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) .....	9.	00
10. Georgia adjusted gross income (Net total of Line 8 and Line 9).....	10.	00
11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION).....	11a.	00
<b>(See IT-511 Tax Booklet)</b>		
b. Self: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/> Total x 1,300=.....	11b.	00
Spouse: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/>		00
c. Total Standard Deduction (Line 11a + Line 11b).....	11c.	00
<b>Use EITHER Line 11c OR Line 12c (Do not write on both lines)</b>		
12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, <b>you must include Federal Schedule A.</b>		
a. Federal Itemized Deductions (Schedule A-Form 1040) .....	12a.	00
b. Less adjustments (See IT-511 Tax Booklet) .....	12b.	00
c. Georgia Total Itemized Deductions.....	12c.	00
13. Subtract either Line 11c or Line 12c from Line 10; enter balance.....	13.	00



**YOUR SOCIAL SECURITY NUMBER**

14a. Enter the number from Line 6c. Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C.....	14a.	<div style="border: 1px solid black; width: 100px; height: 20px; background-color: #f0f0f0;"></div>	.00
14b. Enter the number from Line 7a. Multiply by \$3,000.....	14b.	<div style="border: 1px solid black; width: 100px; height: 20px; background-color: #f0f0f0;"></div>	.00
14c. Add Lines 14a. and 14b. Enter total.....	14c.	<div style="border: 1px solid black; width: 100px; height: 20px; background-color: #f0f0f0;"></div>	.00
15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14).....	15a.		.00
15b. Georgia NOL utilized (cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information)	15b.		.00
15c. Georgia Taxable Income (Line 15a less Line 15b).....	15c.		.00
16. Tax (Use the Tax Table in the IT-511 Tax Booklet) .....	16.		.00
17. Low Income Credit      17a.                      17b.                      .....	17c.	<div style="border: 1px solid black; width: 150px; height: 20px; background-color: #f0f0f0;"></div>	.00
18. Other State(s) Tax Credit (Include a copy of the other state(s) return) ....	18.		.00
19. Credits used from IND-CR Summary Worksheet .....	19.		.00
20. <b>Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)</b>	20.	<div style="border: 1px solid black; width: 100px; height: 20px; background-color: #f0f0f0;"></div>	.00
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16 .....	21.		.00
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero .....	22.		.00

**INCOME STATEMENT DETAILS** Only enter income on which Georgia tax was withheld. Enter income 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: <input type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP	1. WITHHOLDING TYPE: <input type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP	1. WITHHOLDING TYPE: <input type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/>	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/>	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/>
3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME <span style="float: right;">.00</span>	4. GA WAGES / INCOME <span style="float: right;">.00</span>	4. GA WAGES / INCOME <span style="float: right;">.00</span>
5. GA TAX WITHHELD <span style="float: right;">.00</span>	5. GA TAX WITHHELD <span style="float: right;">.00</span>	5. GA TAX WITHHELD <span style="float: right;">.00</span>

INCOME STATEMENT DETAILS CONTINUED ON PAGE 4.



**YOUR SOCIAL SECURITY NUMBER**

(INCOME STATEMENT D)	(INCOME STATEMENT E)	(INCOME STATEMENT F)
1. WITHHOLDING TYPE: <input type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP	1. WITHHOLDING TYPE: <input type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP	1. WITHHOLDING TYPE: <input type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/>	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/>	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/>
3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME <span style="float: right;">.00</span>	4. GA WAGES / INCOME <span style="float: right;">.00</span>	4. GA WAGES / INCOME <span style="float: right;">.00</span>
5. GA TAX WITHHELD <span style="float: right;">.00</span>	5. GA TAX WITHHELD <span style="float: right;">.00</span>	5. GA TAX WITHHELD <span style="float: right;">.00</span>

23. Georgia Income Tax Withheld on Wages and 1099s ..... (Enter Tax Withheld Only and include W-2s and/or 1099s)	23.	<span style="float: right;">.00</span>
24. Other Georgia Income Tax Withheld ..... (Must include G2-A, G2-FL, G2-LP and/or G2-RP)	24.	<span style="float: right;">.00</span>
25. Estimated Tax paid for 2019 and Form IT-560 .....	25.	<span style="float: right;">.00</span>
26. Schedule 2B Refundable Tax Credits (cannot be claimed unless filed electronically).....	26.	<span style="float: right;">.00</span>
27. Total prepayment credits (Add Lines 23, 24, 25 and 26).....	27.	<span style="float: right;">.00</span>
28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter balance due.....	28.	<span style="float: right;">.00</span>
29. If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter overpayment .....	29.	<span style="float: right;">.00</span>
30. Amount to be credited to 2020 ESTIMATED TAX .....	30.	<span style="float: right;">.00</span>
31. Georgia Wildlife Conservation Fund (No gift of less than \$1.00).....	31.	<span style="float: right;">.00</span>
32. Georgia Fund for Children and Elderly (No gift of less than \$1.00).....	32.	<span style="float: right;">.00</span>
33. Georgia Cancer Research Fund (No gift of less than \$1.00) .....	33.	<span style="float: right;">.00</span>
34. Georgia Land Conservation Program (No gift of less than \$1.00).....	34.	<span style="float: right;">.00</span>
35. Georgia National Guard Foundation (No gift of less than \$1.00) .....	35.	<span style="float: right;">.00</span>
36. Dog & Cat Sterilization Fund (No gift of less than \$1.00).....	36.	<span style="float: right;">.00</span>
37. Saving the Cure Fund (No gift of less than \$1.00).....	37.	<span style="float: right;">.00</span>
38. Realizing Educational Achievement Can Happen (REACH) Program .....	38.	<span style="float: right;">.00</span>
(No gift of less than \$1.00)		



**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
- 42. (If you are due a refund) Subtract the sum of Lines 30 thru 40 from Line 29  
**THIS IS YOUR REFUND.....** 42. 00

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

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

**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  Routing Number  
 Savings  Account Number

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)

Spouse's Signature  (Check box if deceased)

Date

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

Preparer's Phone Number

Signature of Preparer

Preparer's FEIN

Name of Preparer Other Than Taxpayer

Preparer's Firm Name

Preparer's SSN/PTIN/SIDN







2007204021

YOUR SOCIAL SECURITY NUMBER

**SCHEDULE 1 RETIREMENT INCOME EXCLUSION** See IT-511 Tax Booklet

	(TAXPAYER)	(SPOUSE)
1. Salary and wages.....	00	00
2. Other Earned Income (Losses).....	00	00
3. Total Earned Income.....	00	00
4. Maximum Earned Income.....	4 0 0 0 00	4 0 0 0 00
5. Smaller of Line 3 or 4; if zero or less, enter zero .....	00	00
6. Interest Income.....	00	00
7. Dividend Income .....	00	00
8. Alimony.....	00	00
9. Capital Gains (Losses).....	00	00
10. Other Income (Losses)..... (See IT-511 Tax Booklet)	00	00
11. Taxable IRA Distributions.....	00	00
12. Taxable Pensions .....	00	00
13. Rental, Royalty, Partnership, S Corp, etc. Income (Losses).....(See IT-511 Tax Booklet)	00	00
14. Total of Lines 6 through 13; if zero or less, enter zero .....	00	00
15. Add Lines 5 and 14 .....	00	00
16. Maximum Allowable Exclusion* .....	00	00
17. Smaller of Lines 15 and 16; enter here and on Form 500, Schedule 1, Lines 7A & B.....	00	00

\*If age 62-64 or less than age 62 and permanently disabled enter \$35,000, or if age 65 or older enter \$65,000.



Georgia Form **500**

(Rev. 06/20/19)

**Schedule 2**

Georgia Tax Credits

**2019** (Approved web version)



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Schedule 2  
Page 1

SCHEDULE 2 GEORGIA TAX CREDIT USAGE AND CARRYOVER

See IT-511 Tax Booklet

TO  
CLAIM  
SERIES 100 TAX  
CREDITS YOU  
MUST FILE  
ELECTRONICALLY

Georgia Form **500**

(Rev. 06/20/19)

**Schedule 2B**

Georgia Tax Credits

**2019** (Approved web version)



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Schedule 2B  
Page 1

SCHEDULE 2B REFUNDABLE TAX CREDITS

See IT-511 Tax Booklet

TO  
CLAIM  
SERIES 100 TAX  
CREDITS YOU  
MUST FILE  
ELECTRONICALLY



2007404011

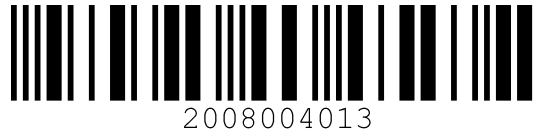
YOUR SOCIAL SECURITY NUMBER

DO NOT USE LINES 9 THRU 14 OF PAGES 2 and 3 FORM 500 or 500X

SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS. Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See IT-511 Tax Booklet.

Table with 3 columns: FEDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A), INCOME NOT TAXABLE TO GEORGIA (COLUMN B), and GEORGIA INCOME (COLUMN C). Rows include WAGES, INTEREST AND DIVIDENDS, BUSINESS INCOME, OTHER INCOME, and ADJUSTED GROSS INCOME.

- 9. RATIO: Divide Line 8, Column C by Line 8, Column A. Enter percentage.....
10a. Itemized or Standard Deduction (See IT-511 Tax Booklet).....
10b. Additional Standard Deduction
11. Personal Exemption from Form 500 (See IT-511 Tax Booklet)
11a. Enter the number on Line 6c. from Form 500 or 500X multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C
11b. Enter the number on Line 7a. from Form 500 or 500X multiply by \$3,000.
12. Total Deductions and Exemptions: Add Lines 10a, 10b, 11a, and 11b.....
13. Multiply Line 12 by Ratio on Line 9 and enter result .....
14. Income before GA NOL: Subtract Line 13 from Line 8, Column C Enter here and on Line 15a, Page 3 of Form 500 or Form 500X.....



YOUR SOCIAL SECURITY NUMBER

**– Include with Form 500 or 500X, if this schedule is applicable. –**

**SCHEDULE 201 Disabled Person Home Purchase or Retrofit Credit - Tax Credit 201**

**Disabled Person Home Purchase or Retrofit Credit - Tax Credit 201**

O.C.G.A. § 48-7-29.1 provides a disabled person credit equal to the lesser of \$500 per residence or the taxpayer's income tax liability for the purchase of a new single-family home that contains all of the accessibility features listed below. It also provides a credit equal to the lesser of the cost or \$125 to retrofit an existing single-family home with one or more of these features. The disabled person must be the taxpayer or the taxpayer's spouse if a joint return is filed. Qualified features are:

- One no-step entrance allowing access into the residence.
- Interior passage doors providing at least a 32-inch-wide opening.
- Reinforcements in bathroom walls allowing installation of grab bars around the toilet, tub, and shower, where such facilities are provided.
- Light switches and outlets placed in accessible locations.

To qualify for this credit, the disabled person must be permanently disabled and have been issued a permanent parking permit by the Department of Revenue or have been issued a special permanent parking permit by the Department of Revenue.

This credit can be carried forward 3 years. For more information, see Regulation 560-7-8-.44.

1. Credit remaining from previous years.....	1.	.00
2. Purchase of a home that contains all four accessibility features <b>OR</b> total of accessibility features added to retrofit a home (up to \$125 per feature) cannot exceed \$500 per residence.....	2.	.00
3. Credit used this tax year (enter here and include on IND-CR Summary Worksheet Line 1)	3.	.00
4. Potential carryover to next tax year (Line 1 plus Line 2 less Line 3).....	4.	.00



YOUR SOCIAL SECURITY NUMBER

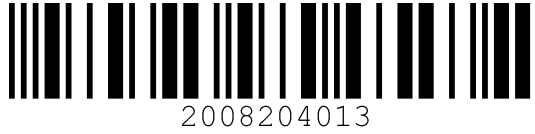
– Include with Form 500 or 500X, if this schedule is applicable. –

**SCHEDULE 202 Child and Dependent Care Expense Credit - Tax Credit 202**

**Child and Dependent Care Expense Credit - Tax Credit 202**

O.C.G.A. § 48-7-29.10 provides taxpayers with a credit for qualified child & dependent care expenses. The credit is a percentage of the credit claimed and allowed under Internal Revenue Code § 21 and claimed by the taxpayer on the taxpayer's Federal income tax return. This credit cannot be carried forward. The credit is computed as follows:

1. Amount of child & dependent care expense <u>credit</u> claimed on Federal Form 1040.	1.	.00
2. Georgia allowable rate .....	2.	30%
3. Allowable Child & Dependent Care Expense Credit (Line 1 x .30).....	3.	.00
4. Credit used this tax year (enter here and include on IND-CR Summary Worksheet Line 2).....	4.	.00



YOUR SOCIAL SECURITY NUMBER

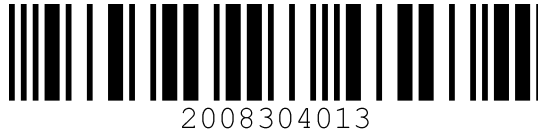
**– Include with Form 500 or 500X, if this schedule is applicable.—**

**SCHEDULE 203 Georgia National Guard/Air National Guard Credit - Tax Credit 203**

**Georgia National Guard/Air National Guard Credit - Tax Credit 203**

O.C.G.A. § 48-7-29.9 provides a tax credit for Georgia residents who are members of the National Guard or Air National Guard and are on active duty full time in the United States Armed Forces, or active duty training in the United States Armed Forces for a period of more than 90 consecutive days. The credit shall be claimed and allowed in the year in which the majority of such days are served. In the event an equal number of consecutive days are served in two calendar years, then the exclusion shall be claimed and allowed in the year in which the ninetieth day occurs. The credit shall apply with respect to each taxable year in which such member serves for such qualifying period of time. The credit cannot exceed the amount expended for qualified life insurance premiums nor the taxpayer's income tax liability. Qualified life insurance premiums are the premiums paid for insurance coverage through the service member's Group Life Insurance Program administered by the United States Department of Veterans Affairs. Any unused tax credit is allowed to be carried forward to the taxpayer's succeeding year's tax liability.

1. Credit remaining from previous years.....	1.	.00
2. Enter amount of qualified life insurance premiums .....	2.	.00
3. Credit used this tax year (enter here and include on IND-CR Summary Worksheet Line 3).....	3.	.00
4. Carryover to next tax year (Line 1 plus Line 2 less Line 3).....	4.	.00



YOUR SOCIAL SECURITY NUMBER

– Include with Form 500 or 500X, if this schedule is applicable. –

**SCHEDULE 204 Qualified Caregiving Expense Credit - Tax Credit 204**

**Qualified Caregiving Expense Credit - Tax Credit 204**

O.C.G.A. § 48-7-29.2 provides a qualified caregiving expense credit equal to 10 percent of the cost of qualified caregiving expenses for a qualifying family member. The credit cannot exceed \$150. Qualified services include Home health agency services, personal care services, personal care attendant services, homemaker services, adult day care, respite care, or health care equipment and other supplies which have been determined by a physician to be medically necessary. Services must be obtained from an organization or individual not related to the taxpayer or the qualifying family member.

The qualifying family member must be at least age 62 or been determined disabled by the Social Security Administration. A qualifying family member includes the taxpayer or an individual who is related to the taxpayer by blood, marriage or adoption. Qualified caregiving expenses do not include expenses that were subtracted to arrive at Georgia net taxable income or for which amounts were excluded from Georgia net taxable income. There is no carryover or carry-back available. The credit cannot exceed the taxpayer's income tax liability. For more information, see Regulation 560-7-8-.43.

**Qualifying Family Member Name:**

Name:

SS# Relationship

Age, if 62 or over If disabled, date of disability

**Additional Qualifying Family Member Name, if applicable:**

Name:

SS# Relationship

Age, if 62 or over If disabled, date of disability

1. Qualified caregiving expenses.....	1.	.00
2. Percentage limitation.....	2.	10%
3. Line 1 multiplied by Line 2.....	3.	.00
4. Maximum credit.....	4.	150.00
5. Enter the lesser of Line 3 or Line 4 .....	5.	.00
6. Credit used this tax year (enter here and include on IND-CR Summary Worksheet Line 4).....	6.	.00

Form **IND-CR 205**

State of Georgia Individual Credit Form  
Georgia Department of Revenue

**2019** (Rev. 06/25/19)  
(Approved web version)



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Page **1**

YOUR SOCIAL SECURITY NUMBER

– Include with Form 500 or 500X, if this schedule is applicable. –

SCHEDULE 205 Driver Education Credit - Tax Credit 205

Driver Education Credit - Tax Credit 205

The Driver Education Credit  
has been repealed  
and therefore is  
no longer available.

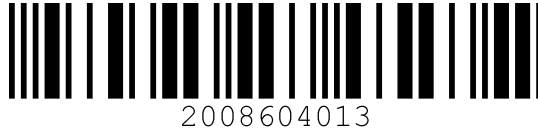




**Form IND-CR 207**

State of Georgia Individual Credit Form  
Georgia Department of Revenue

**2019** (Rev. 06/25/19)  
(Approved web version)



YOUR SOCIAL SECURITY NUMBER

**– Include with Form 500 or 500X, if this schedule is applicable. –**

**SCHEDULE 207 Rural Physicians Credit - Tax Credit 207**

**Rural Physicians Credit - Tax Credit 207**

O.C.G.A. § 48-7-29 provides for a \$5,000 tax credit for rural physicians. The tax credit may be claimed for not more than five years. There is no carryover or carry-back available. The credit cannot exceed the taxpayer's income tax liability. In order to qualify, the physician must meet the following conditions:

1. The physician must have started working in a rural county after July 1, 1995. If the physician worked in a rural county prior to that date, a period of at least three years must have elapsed before the physician returns to work in a rural county.
2. The physician must practice and reside in a rural county. For taxable years beginning on or after January 1, 2003, a physician qualifies for the credit if they practice in a rural county and reside in a county contiguous to a rural county. A rural county is defined as one with 65 or fewer persons per square mile according to the United States Decennial Census of 1990 or any future such census. For taxable years beginning on or after January 1, 2012, the United States Decennial Census of 2010 is used (see regulation 560-7-8-.20 for transition rules). A listing of rural counties for purposes of the rural physicians credit may be obtained at the following web page: [dor.georgia.gov](http://dor.georgia.gov)
3. The physician must be licensed to practice medicine in Georgia, primarily admit patients to a rural hospital, and practice in the fields of family practice, obstetrics and gynecology, pediatrics, internal medicine, or general surgery. A rural hospital is defined as an acute-care hospital located in a rural county that contains 80 or fewer beds. For taxable years beginning on or after January 1, 2003, a rural hospital is defined as an acute-care hospital located in a rural county that contains 100 or fewer beds. For more information, see Regulation 560-7-8-.20.

**Only enter the information for the taxpayer and/or the spouse if they are a rural physician.**

Taxpayer	Spouse
1. County of residence	1. County of residence
2. County of practice	2. County of practice
3. Type of practice	3. Type of practice
4. Date started working as a rural physician	4. Date started working as a rural physician
5. Number of hospital beds in the rural hospital	5. Number of hospital beds in the rural hospital

6. Rural physicians credit, enter \$5,000 per rural physician..... 6.



7. Credit used this tax year (enter here and include on IND-CR Summary Worksheet Line 7)..... 7.





YOUR SOCIAL SECURITY NUMBER

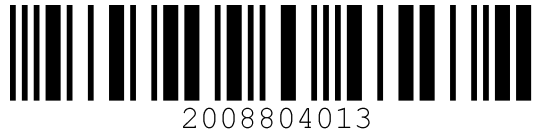
**– Include with Form 500 or 500X, if this schedule is applicable. –**

**SCHEDULE 208 Adoption of a Foster Child Credit - Tax Credit 208**

**Adoption of a Foster Child Credit - Tax Credit 208**

Georgia Code Section 48-7-29.15 provides an income tax credit for the adoption of a qualified foster child. The amount of the credit is \$2,000 per qualified foster child per taxable year, commencing with the year in which the adoption becomes final, and ending in the year in which the adopted child attains the age of 18. This credit applies to adoptions occurring in the taxable years beginning on or after January 1, 2008. Any unused credit can be carried forward until used.

1. Credit remaining from previous years.....	1.	.00
2. Enter \$2,000 per qualified foster child.....	2.	.00
3. Credit used this tax year (enter here and include on IND-CR Summary Worksheet Line 8).....	3.	.00
4. Carryover to next tax year (Line 1 plus Line 2 less Line 3).....	4.	.00



YOUR SOCIAL SECURITY NUMBER

**– Include with Form 500 or 500X, if this schedule is applicable. –**

**SCHEDULE 209 Eligible Single-Family Residence Tax Credit - Tax Credit 209**

**Eligible Single-Family Residence Tax Credit - Tax Credit 209**

O.C.G.A. § 48-7-29.17 provides taxpayers a credit for the purchase of an eligible single-family residence located in Georgia. An eligible single-family residence is a single-family structure (including a condominium unit as defined in O.C.G.A. § 44-3-71) that is occupied for residential purposes by a single family, that is:

- a) Any residence (including a new residence, one occupied at the time of sale, or a previously occupied residence) that was for sale prior to May 11, 2009 and that remained for sale after May 11, 2009; or
- b) A residence with respect to which a foreclosure event has taken place and which is owned by the mortgagor or the mortgagor's agent; or
- c) An owner-occupied residence with respect to which the owner's acquisition indebtedness was in default on or before March 1, 2009. Acquisition indebtedness is debt incurred in acquiring, constructing, or substantially improving a qualified residence and which is secured by such residence. Refinanced debt is acquisition debt if at least a portion of such debt refinances the principal amount of existing acquisition indebtedness.

A taxpayer is allowed the tax credit for a purchase of one eligible single-family residence made between June 1, 2009 and November 30, 2009. The credit amount is the lesser of 1.2 percent of the purchase price of the eligible single-family residence or \$1,800.00. The amount of the tax credit that may be claimed and allowed in a single tax year cannot exceed the lesser of 1/3 of the credit or the taxpayer's income tax liability. Any unused tax credit can be carried forward but cannot be carried back.

The taxpayer must have claimed the credit in 2009 in order to claim the unused credit below.

1. Total credit. (Enter amount from 2009 IND-CR, Part 9, Line 5.).....	1.	.00
2. Maximum allowed per year.....	2.	<b>33.33%</b>
3. Maximum credit allowed, (multiply Line 1 by Line 2).....	3.	.00
4. Enter unused credit (Total credit less amounts used in previous years).....	4.	.00
5. Credit allowed, lesser of Line 3 or Line 4.....	5.	.00
6. Credit used this tax year (enter here and include on IND-CR Summary Worksheet Line 9).....	6.	.00
7. Carryover to next tax year (Line 4 less Line 6).....	7.	.00





2044404013

YOUR SOCIAL SECURITY NUMBER

**– Include with Form 500 or 500X, if this schedule is applicable. –**

**SCHEDULE 212 Community Based Faculty Preceptor Tax Credit - Tax Credit 212**

**Community Based Faculty Preceptor Tax Credit - Tax Credit 212**

O.C.G.A. § 48-7-29.22 provides an income tax credit for a community based faculty preceptor that conducts a preceptorship rotation(s). This tax credit is applicable for taxable years beginning on or after January 1, 2019 and ending on or before December 31, 2023.

For a community based faculty preceptor who is a physician as defined in O.C.G.A. § 43-34-21, the credit shall accrue on a per preceptorship rotation basis in the amount of \$500 for the first, second, or third preceptorship rotation and \$1,000 for the fourth, fifth, sixth, seventh, eighth, ninth, or tenth preceptorship rotation completed in one calendar year. For a community based faculty preceptor who is an advanced practice registered nurse as defined in O.C.G.A. § 43-26-3 or a physician assistant as defined in O.C.G.A. § 43-34-102, the credit shall accrue on a per preceptorship rotation basis in the amount of \$375 for the first, second, or third preceptorship rotation and \$750 for the fourth, fifth, sixth, seventh, eighth, ninth, or tenth preceptorship rotation completed in one calendar year. An individual shall not accrue credit for more than ten preceptorship rotations in one calendar year. The credit cannot be carried forward and cannot be carried back. Certification from the Area Health Education Centers Program Office at Augusta University must be enclosed with the return.

By filing this form I certify that I did not receive payment during such tax year from any source for the training of a medical student, advanced practice registered nurse student, or physician assistant student.

**A. Community Based Faculty Preceptor Tax Credit for a physician**

**First through Third Rotation**

1. Number of Rotations (enter no more than 3) X **500.00** 1. **.00**  
(not to exceed \$1,500).....

**Fourth through Tenth Rotation**

2. Number of Rotations (enter no more than 7) X **1,000.00** 2. **.00**  
(not to exceed \$7,000) .....

3. Add Line 1 and Line 2, Current Year Credit Amount (cannot exceed \$8,500)..... 3. **.00**

**B. Community Based Faculty Preceptor Tax Credit for an advanced practice registered nurse or physician assistant.**

**First through Third Rotation**

1. Number of Rotations (enter no more than 3) X **375.00** 1. **.00**  
(not to exceed \$1,125).....

**Fourth through Tenth Rotation**

2. Number of Rotations (enter no more than 7) X **750.00** 2. **.00**  
(not to exceed \$5,250).....

3. Add Line 1 and Line 2, Current Year Credit Amount (cannot exceed \$6,375)..... 3. **.00**

