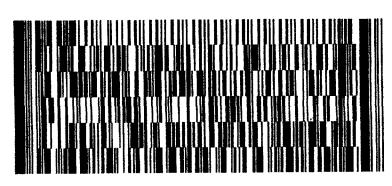


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Georgia Form 500 (Rev. 08/02/16) Individual Income Tax Return Georgia Department of Revenue 2016 (Approved web version)





Fiscal Year Beginning		ck this box if you have attached more t Schedule 2.	han three pages	
Fiscal Year Ending	DRIVER'S LICENSE/S	STATE ID	STATE	ISSUED
YOUR FIRST NAME	MI	YOUR SOCIAL SECURITY NUMBER		
1. BRIAN	E			
LAST NAME HARRISS		SUFFIX 5		cial Program Code IT-511 Tax Booklet
SPOUSE'S FIRST NAME	Mi	SPOUSE'S SOCIAL SECURITY NUM	SER	January Communication
LAST NAME	R	SUFFIX		DEPARTMENT USE ONLY
ADDRESS (NUMBER AND STREET or P.O. BOX) (U-2. 1 9 9 1 9 T A R I K A	A V E N	, and a summary of the summary of th	IF ADDRESS HAS CHANGED	
	Automycent of the Arm V			500 UET Exception Attached
CITY (Please insert a space if the city has multiple	names)	STATE ZIP CODE		The second secon
3. CHUGIAK		A K 99567		
(COUNTRY IF FOREIGN)	en e e e e e e e e e e e e e e e e e e		R	esidency Status
4. Enter your Residency Status with the appropria	ite number		William House	4. 3
1. FULL- YEAR RESIDENT 2. PART- YEAR RESIDEN	π	TO		3. NONRESIDENT
Part-Year Residents and Nonresidents m				Filing Status 5. C
5. Enter Filing Status with appropriate letter				
A. Single B. Married filing joint C. Married filing s	eparate (Spouse's social s	ecurity number must be entared above) D	. Head of Household or Q	ualifying Widow(er)
6. Number of exemptions (Check appropris	ate box(es) and ente	er total in 6c.) 6a. Yourself	K 6b. Spouse	6c. 1

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue 2016



Page 2

YOUR SOCIAL SECURITY NUMBER

Dependents (If you have more than 5 depend	ents, 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
INCOMENTAL DEPONDENCE PROCESS TO PLANT CONTINUES OF THE PROCESS CONTINUES CO	 Fig. 1. The result of the resul
First Name, Mi.	Last Name
Social Security Number	Relationship to You
INCOME COMPUTATIONS	
amount on line 8, 9, 10, 13 or 15 is negative, u	se the minus sign (-). Example -3,456.
l. Federal adjusted gross income (From Federal Fon	n 1040,1040A or 1040 EZ). ▶ 8. 2 1 4
	If the amount on Line 8 is \$40,000 or more, or your gross income is less than
-	511 Tax Booklet)

Georgia Form 500
Individual Income Tax Return
Georgia Department of Revenue
2016





YOUR SOCIAL SECURITY NUMBER

	Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION) (See IT-511 Tax Booklet)	▶11a.	manashaningan aseka ngo di Grant
	b. Self: 65 or over? Blind? Total x 1,300=	▶11b.	Assertation of the second seco
	Spouse: 65 or over? Blind?		The state of the s
	c. Total Standard Deduction (Line 11a + Line 11b)	▶11c.	Company of contains assume a second of the contains as a s
12.	Total Itemized Deductions used in computing Federal Taxable Income. If yo	ou use itemiz	zed 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.	All
14a.	Number on Line 6c. 1 multiply by \$2,700 for filing status A or D OR multiply by \$3,700 for filing status B or C	▶ 14a.	3 7 0 0
14b.	Number on Line 7a. 0 multiply by \$3,000	▶14b.	O A
14c.	Add Lines 14a. and 14b. Enter total	► 14c.	3 7 0 0
15.	Georgia taxable income (Line 13 less Line 14c or Schedule 3, Line 14)	▶ 15.	O (154)
16.	Tax (Use Tax Table in the IT-511 Tax Booklet)	▶ 16.	O TO THE STANK PART THE SAME P
17.	Low Income Credit 17a. 17b.	▶ 17c.	O state of the control of the contro
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.	o (3)
21.	Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	▶ 21.	O STATE
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 (Enter Tax Withheld Only and enclose W-2s and/or 1099s)	▶ 23.	4 2 4 6
24.	Other Georgia Income Tax Withheld	▶ 24.	0

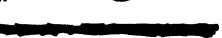
PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue 2016



Page 4

YOUR SOCIAL SECURITY NUMBER



ENT A)		(INCOME STATEMENT B)		(INCOME STATEM	ENT C)	
	1.	WITHHOLDING TYPE: W-2s G2-A G2-LP 1099s G2-EI G2-DP	1.			akuli (linda godri)
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ATE WITHHOLDING ID	3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3.	EMPLOYER/PAYER ST	ATE WITHHOLDI	ING IC
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IENT D)		(INCOME STATEMENT E)		(INCOME STATEM	ENT F)	47 98 T 7 40
G2-LP	1.	WITHHOLDING TYPE: W-2s G2-A G2-LP 1099s G2-FL G2-RP	1.	W-2s G2-A	4	indett ist book
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ATE WITHHOLDING ID	3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3.	EMPLOYER/PAYER ST	ATE WITHHOLD	ing i
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	4.	GA WAGES / INCOME	4.	GA WAGES / INCOME	2 1 1 1 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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	5.	GA TAX WITHHELD	5.	GA TAX WITHHELD	A STATE OF THE CONTRACT OF THE	agetre A-4
	DERAL SSN ATE WITHHOLDING ID 0 2 4 6 ENT D) G2-LP CG2-RP	DERAL 2. SSN ATE WITHHOLDING ID 3. 4. 0 5. 2 4 6 ENT D) 1. A G2-LP FL G2-RP EDERAL SSN ATE WITHHOLDING ID 3.	G2-LP G2-RP 1099s G2-FL G2-RP 1099s G2-FL G2-RP 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN ATE WITHHOLDING ID 3. EMPLOYER/PAYER STATE WITHHOLDING ID 4. GA WAGES / INCOME 0 5. GA TAX WITHHELD 2 4 6 IENT D) (INCOME STATEMENT E) 1. WITHHOLDING TYPE: W-2s G2-LP G2-LP G2-RP 1099s G2-FL G2-RP DERAL SSN 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	G2-LP	G2-LP L G2-RP 1099\$ G2-FL G2-RP 1099\$ G2-FL G2-RP 1099\$ G2-FL SSN 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) ATE WITHHOLDING ID 3. EMPLOYER/PAYER STATE WITHHOLDING ID 4. GA WAGES / INCOME 0 5. GA TAX WITHHELD 5. GA TAX WITHHELD 2 4 6 LENT D) (INCOME STATEMENT E) (INCOME STATEMENT E) W-25 G2-A G2-LP W-26 G2-FL G2-RP 1099\$ G2-FL G3-RP 1099\$ G3-FL G3-	G2-LP W-2s G2-A G2-LP W-2s G2-A G2-LP 1099s G2-FL G2-RP 1099s G2-F

Georgia Form 500 individual Income Tax Return Georgia Department of Revenue 2016



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30.	Georgia Wildlife Conservation Fund (No	gift of less tha	n \$1.00)	e To a rest To a rest	description of the second of t		U [UV]
31.	Georgia Fund for Children and Elderly (No gift of less t	than \$1.00) > 31.		Zer in a romanium musika ka sisali		0 50
32.	Georgia Cancer Research Fund (No gif	t of less than \$	1.00) > 32.	- 2 	ada - conservativa ante mante.		0 [3]
33.	Georgia Land Conservation Program (N	o gift of less th	an \$1.00) > 33.	e e e e e e e e e e e e e e e e e e e	المسابقة المشابقة لا بالا الله الله الله الله الله الله ا		0 10
34.	Georgia National Guard Foundation (No	gift of less tha	n \$1.00) > 34.				0
35.	Dog & Cat Sterilization Fund (No gift of	less than \$1.00))) 35.	: 	Andrease List Listers List		0
36.	Saving the Cure Fund (No gift of less t	han \$1.00)	> 36.		Company of the second s		0 100
37.	Realizing Educational Achievement Can Ha (No gift of less than \$1.00)	ppen (REACH) P	Program ▶ 37.	liane to	Americanist of the second of t	Marin Samura againm co	0 197
	FOR DEPARTMENT USE ONLY			4	The same of the sa	The state of the s	Market Company
38.	Form 500 UET (Estimated tax penalty)	20 A 7 4 D 7 7 2 7 3 4 4 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	> 38.				0 53
39.	(If you owe) Add Lines 27, 30 thru 3. MAKE CHECK PAYABLE TO GEORGIA	8			Linguage of the Linguistics	The first state of the state of	
40.	(If you are due a refund) Subtract the sur				The settle tests state tester of the	4 2 4	6
40a.	Direct Deposit (For U.S. Accounts Only) Type: Chec	king Savin	Routing Number Account Number		The constant of the constant o		eg varen er e e e general er
costs enter	can help eliminate \$1Million of processing by choosing Direct Deposit. If you do not Direct Deposit information, a paper check e issued.	(PAYMENT)	PROCESSING CENTER GEORGIA DEPARTMENT OF RI PO BOX 740339 ATLANTA, GA 30374-0399		REFUND and NO ALANCE DUE)	PROCESSING CENTER GEORGIA DEPARTMENT PO BOX 740380 ATLANTA, GA30374-0380	
Geo	ENCLOSE ALL ITEMS IN RETURN ENVEL e declare under the penalties of perjury that I/we ha belief, it is true, correct, and complete. If prepared rgia Public Revenue Code Section 48-2-31 stipular Appendix Appendi	ive examined this re t by a person other tes that taxes shall	etum (including accompanying than the taxpayer(s), this declar be paid in lawful money of the taxpayer NUMBER	schedules a ration is bas	nd statements) ar ed on all informati i, free of any expe	nd to the best of my/our on of which the preparer	knowledge has kn <mark>owle</mark> dge
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NA				DATE			ide in the second of the secon
PRE Do y	ME OF PREPARER OTHER THAN TAXPAY	ER kan a repainment out	PREPARER'S FEIN	DATE			

TAXPAYER'S EMAIL ADDRESS

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

PREPARER'S SSN/PTIN/SIDN

Georgia Form 500 (Rev. 08/11/16) Individual Income Tax Return Schedule 3- Part-Year Nonresident Georgia Department of Revenue 2016 (Approved web version)



Page 1

1707404017

YOUR SOCIAL SECURITY NUMBER

SCHEDULE 3 COMPUTATION OF GEORGIA TA	T USE LINES 9 THRU 14 OF PAGES 2 and 3 XABLE INCOME FOR ONLY PART-YEAR RESI	DENTS AND NONRESIDENTS
FEOERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A)	dent is taxable but other state(s) tax credit may app INCOME NOT TAXABLE TO SECRETA COLUMN 81	ly. See IT-511 Tax Booklet. GEORGIA INCOME (SOLUMN C)
1. WAGES, SALARIES, TIPS, etc	1. WAGES, SALARIES, TIPS, etc	1. WAGES, SALARIES, TIPS, etc
2. INTERESTS AND DIVIDENDS 7 4	2. INTERESTS AND DIVIDENDS	2. INTERESTS AND DIVIDENDS
3. BUSINESS INCOME OR (LOSS) 0 00	3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)
4. OTHER INCOME OR (LOSS) , 2 0 7 2	4. OTHER INCOME OR (LOSS) 2 0 7 2	4. OTHER INCOME OR (LOSS)
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8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7
2 1 4 6 FOR	2 1 4 6 (33)	O SA
 RATIO: Divide Line 8, Column C by Line Itemized or Standard Deduction 	,	Fac
10b. Additional Standard Deduction Self: 65 or over? Blind? Spouse: 65 of 11. Personal Exemption from Form 500 (Section 11).	r over? Blind? Total x 1,300= 10b	o est
ria. Ivuilibei on Line oc. +	700 for filing status A or D OR	• Emple System — 1 Mary
 11b. Number on Line 7a. multiply by \$ from Form 500 or 500X 11c. Add Lines 11a. and 11b. Enter total 	3,000	3700
12. Total Deductions and Exemptions: Ac	_	5 2 0 0
 Multiply Line 12 by Ratio on Line 9 and e Georgia Taxable Income: Subtract Line Enter here and on Line 15, Page 3 of Fo 	13 from Line 8, Column C	0 (20) 0 (20)
List the state(s) in which the income in Col 1. A K 2. 3.	4.	reported.

Form **4852**

(Rev. September 2017)

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.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

▶ Go to www.irs.gov/Form4852 for the latest information. Name(s) shown on return 2 Your social security number Brian E. Harriss 3 Address 19919 Tarika Avenue, Chugiak, AK 99567 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 6 Employer's or paver's identification number (if known) CRANBERY TOWNSHIP, PA 16066 Form W-2. Enter wages, tips, other compensation, and taxes withheld. a Wages, tips, and other compensation. 0.00 f State income tax withheld . 4,245.68 **b** Social security wages (Name of state) . 0.00 GA Medicare wages and tips Local income tax withheld 0.00 0.00 Social security tips 0.00 (Name of locality) N/A Federal income tax withheld Social security tax withheld. 0.00 h 7.347.00 Medicare tax withheld 2.119.00 Form 1099-R. Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc. Gross distribution Federal income tax withheld Taxable amount b State income tax withheld . Taxable amount not determined Local income tax withheld . Total distribution Employee contributions Capital gain (included in line 8b) Distribution codes 9 How did you determine the amounts on lines 7 and 8 above? Personal knowledge and information supplied by line 5 payer.

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

Correspondence.

General Instructions

Section references are to the Internal Revenue Code.

Future developments. Information about any future developments affecting Form 4852 (such as legislation enacted after we release it) will be available at www.irs.gov/Form4852.

Purpose of form. Form 4852 serves as a substitute for Forms W-2, W-2c, and 1099-R and is completed by you or your representatives when (a) your employer or payer doesn't issue you a Form W-2 or Form 1099-R or (b) an employer or payer has issued an incorrect Form W-2 or Form 1099-R. Attach this form to the back of your income tax return, before any supporting forms or schedules.

You should always attempt to get your Form W-2, Form W-2c, or Form 1099-R from your employer or payer before contacting the IRS or filing Form 4852. If you do not receive the missing or corrected form from your employer or payer by the end of February, you may call the IRS at 1-800-829-1040 for assistance. You must provide your name, address (including ZIP code), phone number, social security number, and dates of employment. You must also provide your employer's or payer's name, address (including ZIP code), and phone number. The IRS will contact your employer or payer and request the missing form. The IRS will also send you a Form 4852. If you don't receive the missing form in sufficient time to file your income tax return timely, you may use the Form 4852 that the IRS sent you.

If you received an incorrect Form W-2 or Form 1099-R, you should always attempt to have your employer or payer issue a corrected form before filing Form 4852.

Note: Retain a copy of Form 4852 for your records. To help protect your social security benefits, keep a copy of Form 4852 until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. After September 30 following the date shown on line 4, you may use your Social Security online account to verify wages reported by your employers. Please visit www.SSA.gov/myaccount. Or, you may contact your local SSA office to verify wages reported by your employer.

Will I need to amend my return? If you receive a Form W-2, Form W-2c, or Form 1099-R after your return is filed with Form 4852, and the information you receive differs from the information reported on your return, you must amend your return by filing Form 1040X, Amended U.S. Individual Income Tax Return. You are responsible for filing your income tax return with accurate information regardless of whether you receive a Form W-2, Form W-2c, or Form 1099-R and regardless of whether the information on any forms received is correct.

Penalties. The IRS will challenge the claims of individuals who attempt to avoid or evade their federal tax liability by using Form 4852 in a manner other than as prescribed. Potential penalties for the improper use of Form 4852 include: