



## State of Georgia Department of Revenue



**KEEP THESE INSTRUCTIONS AND WORKSHEET WITH YOUR RECORDS**

### **Instructions**

1. Download (free) the latest version of Adobe Reader.  
[adobe.com/products/acrobat/readstep2.html](http://adobe.com/products/acrobat/readstep2.html)
2. Complete the worksheet below to automatically create your payment voucher.
3. Click the "Print" button to print a completed 500 ES Individual/Fiduciary payment voucher.
4. Cut the payment voucher along the dotted line and mail the voucher and your payment only to the address on the voucher.

**DO NOT** fold, staple or paper clip items being mailed.

**DO NOT** mail in the worksheet, keep this for your records.

500-ES Worksheet for Individual/Fiduciary																
1.				2. Spouse's SSN:												
3. Individual or Fiduciary Name:																
4. Street Address Line 1:																
5. Street Address Line 2:																
6. City:					7. State:				8. Zip:				-			
9. Please Select Tax Type of Return: .....																
10. Check If Address Change: .....		<input type="checkbox"/>														
11. Calendar Year or Fiscal Year Ending:																
12. Due Date:.....																
13. Amount Paid:.....																

**WHO MUST FILE ESTIMATED TAX.** Each individual or fiduciary subject to Georgia income tax who reasonably expects to have gross income during the year which exceeds (1) personal exemption, plus (2) credit for dependents, plus (3) estimated deductions, plus (4) \$1,000 of income not subject to withholding.

**EXCEPTION.** Estimated tax is not required if, under an agreement between the employer and the employee, additional tax is withheld to cover income that normally would require estimated tax to be filed. Individuals whose gross income from farming or fishing is at least two thirds of the total gross income from all sources may: (a) file as other taxpayers or (b) file their return by March 1 and pay the full amount of tax due by that date. Fiduciaries shall not be required to pay estimated tax with respect to any taxable year ending before the date two years after the date of the decedent's death in the case of:

1. The estate of such decedent; or
2. A testamentary trust as defined in IRC Section 6654(l)(2)(B).

**PURPOSE OF ESTIMATED TAX.** The purpose is to enable taxpayers having income not subject to withholding to currently pay their income tax. Taxpayers are also required to file an annual return claiming credit thereon for amounts paid or credited to their estimated tax.

**PAYMENT OF ESTIMATED TAX.** Payment in full of your estimated tax may be made with the first required installment or in equal installments during this year on or before April 15, June 15, September 15, and the following January 15. Fiscal year filers should adjust the dates accordingly. If the due date falls on a weekend or holiday, the tax shall be due on the next day that is not a weekend or holiday.

**HOW TO ESTIMATE YOUR TAX.** A schedule for computing your estimated tax and the tax rate schedules are listed in the Tax Booklet.

**PENALTIES.** Failure to comply with the provisions of this law relative to underpayment of installments may result in the assessment of additional charges as a penalty. Willful failure to pay estimated tax will constitute a misdemeanor

### STANDARD DEDUCTION.

Single and head of household .....	\$5,400
Married filing jointly .....	\$7,100
Married filing separately .....	\$3,550

**Additional Deduction:**

Age 65 or older .....	\$1,300
Blind .....	\$1,300

These additional deductions are for you and your spouse only if the standard deduction is used. These amounts are standard regardless of income.

**WHEN AND WHERE TO FILE.** Estimated tax required from persons not regarded as farmers or fishermen shall be filed on or before April 15 of the taxable year, except if the above requirements are first met on or after April 1 and before June 1, estimated tax must be filed by June 15; on or after June 1 but before September 1, by September 15; and on or after September 1, by January 15 of the following year. Individuals filing on a fiscal year basis ending after December 31 must file on corresponding dates.

**Make check or money order payable to:**

**“Georgia Department of Revenue”**

**Payment should be mailed to:  
Processing Center  
Georgia Department of Revenue  
PO Box 740319  
Atlanta, Georgia 30374-0319**

**You may also pay estimated tax with a credit card. Visit our website at [dor.georgia.gov](http://dor.georgia.gov) for more information.**

## HOW TO COMPLETE FORM 500 ES.

Complete the name and address field located on the upper right side of coupon. Calculate your estimated tax using the schedule in the tax booklet. Line 15 is your estimated tax for the year. Divide Line 15 by the number of quarters of liability (see "When and Where to File" above) to compute the amount to be submitted quarterly. Enter this amount on Form 500ES and submit to the Georgia Department of Revenue.

**EXEMPTION AMOUNT FOR TAX YEAR 2023**

Personal Exemption for self and spouse if married (each).....	\$3,700
Personal Exemption for self if not married.....	\$2,700
Dependent Exemption.....	\$3,000

**Maximum Retirement Income Exclusion:**

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

**Maximum Military Retirement Income Exclusion:**

If under the age of 62.....	\$17,500
If under the age of 62 with earned income of more than \$17,500.....	\$35,000

**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.**

**PLEASE DO NOT STAPLE. PLEASE REMOVE ALL ATTACHED CHECK STUBS.**

Cut along dotted line

500 ES (Rev. 06/21/22)

## Individual and Fiduciary Estimated Tax Payment Voucher



2350004011

Individual or Fiduciary Name and Address:

Calendar Year

or Fiscal Year Ending TYPE OF RETURN:

Taxpayer's SSN or Fiduciary FEIN	Spouse's SSN	Tax Year	Quarter	Due Date	Vendor Code <b>040</b>
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PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.

If your name and address is incorrect, mark the change of address box and make the change in the box below. Address Change ☐

PROCESSING CENTER  
GEORGIA DEPARTMENT OF REVENUE  
PO BOX 740319  
ATLANTA GA 30374-0319

Amount Paid \$