
▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **04/18/2017**

2017 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2017 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order ▶

658.

REV 01/25/17 INTUIT.CG.CFP.SP

1555

566-31-9332
MARC J HANNAH
ANTOINETTE J HANNAH
19 CAMELOT CIRCLE SE
ROME GA 30161

244-41-7563

INTERNAL REVENUE SERVICE
PO BOX 931100
LOUISVILLE KY 40293-1100

566319332 RA HANN 30 0 201712 430

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Department of the Treasury
Internal Revenue Service

Calendar Year—
Due **06/15/2017**

2017 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2017 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order ▶

658.

REV 01/25/17 INTUIT.CG.CFP.SP

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Department of the Treasury
Internal Revenue Service

Calendar Year—
Due **09/15/2017**

2017 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2017 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order ▶

658.

REV 01/25/17 INTUIT.CS.CFP.SP

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MARC J HANNAH
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PO BOX 931100
LOUISVILLE KY 40293-1100

566319332 RA HANN 30 0 201712 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year—
Due **01/16/2018**

2017 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2017 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order ▶

658.

REV 01/25/17 INTUIT.CS.CFP.SP

1555

566-31-9332
MARC J HANNAH
ANTOINETTE J HANNAH
19 CAMELOT CIRCLE SE
ROME GA 30161

244-41-7563

INTERNAL REVENUE SERVICE
PO BOX 931100
LOUISVILLE KY 40293-1100

566319332 RA HANN 30 0 201712 430

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning

, 2016, ending

, 20

See separate instructions.

Your first name and initial

Marc J

Last name

Hannah

Your social security number

566-31-9332

If a joint return, spouse's first name and initial

Antoinette J

Last name

Hannah

Spouse's social security number

244-41-7563

Home address (number and street). If you have a P.O. box, see instructions.

19 Camelot Circle SE

Apt. no.

▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Rome GA 30161

Foreign country name

Foreign province/state/county

Foreign postal code

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

☐ You
 ☐ Spouse

Filing Status

1 ☐ Single

2 ☒ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶

4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 ☐ Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

b ☒ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
Christian M	Hannah	669-30-2136	Son	<input checked="" type="checkbox"/>
Grant H	Hannah	669-38-1798	Son	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here ▶ ☐

d Total number of exemptions claimed

Boxes checked on 6a and 6b

2

No. of children on 6c who:

• lived with you

2

• did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶

4

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2

7 197,601.

8a Taxable interest. Attach Schedule B if required

8a

b Tax-exempt interest. Do not include on line 8a

8b

9a Ordinary dividends. Attach Schedule B if required

9a

b Qualified dividends

9b

10 Taxable refunds, credits, or offsets of state and local income taxes

10 1,787.

11 Alimony received

11

12 Business income or (loss). Attach Schedule C or C-EZ

12

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐

13

14 Other gains or (losses). Attach Form 4797

14

15a IRA distributions

15a

b Taxable amount

15b

16a Pensions and annuities

16a

b Taxable amount

16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

17

18 Farm income or (loss). Attach Schedule F

18

19 Unemployment compensation

19

20a Social security benefits

20a

b Taxable amount

20b

21 Other income. List type and amount

21

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶

22 199,388.

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Adjusted Gross Income

23 Educator expenses

23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

24

25 Health savings account deduction. Attach Form 8889

25

26 Moving expenses. Attach Form 3903

26

27 Deductible part of self-employment tax. Attach Schedule SE

27

28 Self-employed SEP, SIMPLE, and qualified plans

28

29 Self-employed health insurance deduction

29

30 Penalty on early withdrawal of savings

30

31a Alimony paid b Recipient's SSN ▶

31a

32 IRA deduction

32

33 Student loan interest deduction

33

34 Tuition and fees. Attach Form 8917

34

35 Domestic production activities deduction. Attach Form 8903

35

36 Add lines 23 through 35

36

37 Subtract line 36 from line 22. This is your adjusted gross income ▶

37 199,388.

Tax and Credits**Standard Deduction for—**

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:
Single or Married filing separately, \$6,300
Married filing jointly or Qualifying widow(er), \$12,600
Head of household, \$9,300

38	Amount from line 37 (adjusted gross income)	38	199,388.
39a	Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a <input type="checkbox"/>		
	if: <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind.		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	30,913.
41	Subtract line 40 from line 38	41	168,475.
42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	16,200.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	152,275.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	29,623.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	29,623.
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	29,623.

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	0.
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	29,623.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	29,955.
65	2016 estimated tax payments and amount applied from 2015 return	65	
66a	Earned income credit (EIC) No	66a	
b	Nontaxable combat pay election 66b	66b	
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	29,955.

Refund

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	332.										
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	332.										
b	Routing number <table border="1"><tr><td>1</td><td>2</td><td>4</td><td>0</td><td>0</td><td>3</td><td>1</td><td>1</td><td>6</td></tr></table> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	1	2	4	0	0	3	1	1	6			
1	2	4	0	0	3	1	1	6					
d	Account number <table border="1"><tr><td>1</td><td>0</td><td>4</td><td>5</td><td>7</td><td>4</td><td>4</td><td>9</td><td>3</td><td>3</td></tr></table>	1	0	4	5	7	4	4	9	3	3		
1	0	4	5	7	4	4	9	3	3				
77	Amount of line 75 you want applied to your 2017 estimated tax	77											
78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78											
79	Estimated tax penalty (see instructions)	79											

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes.** Complete below. ☒ **No**

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶
-------------------	-------------	--

Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation Web Developer	Daytime phone number (404) 832-0748
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation Manager	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Self-Prepared			Firm's EIN ▶
Firm's address ▶				Phone no.

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

► Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.
► Attach to Form 1040.

OMB No. 1545-0074

2016
Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Marc J & Antoinette J Hannah

Your social security number

566-31-9332

Medical and Dental Expenses		Caution: Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1	0.		
2	Enter amount from Form 1040, line 38 2 199,388.				
3	Multiply line 2 by 10% (0.10). But if either you or your spouse was born before January 2, 1952, multiply line 2 by 7.5% (0.075) instead	3	19,939.		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			
Taxes You Paid		5 State and local (check only one box):			
a	<input checked="" type="checkbox"/> Income taxes, or	5	11,195.		
b	<input type="checkbox"/> General sales taxes				
6	Real estate taxes (see instructions)	6	6,237.		
7	Personal property taxes	7	250.		
8	Other taxes. List type and amount ►	8			
9	Add lines 5 through 8	9			17,682.
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098		10	10,886.
Note: Your mortgage interest deduction may be limited (see instructions).		11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►		11	
		12 Points not reported to you on Form 1098. See instructions for special rules		12	
		13 Mortgage insurance premiums (see instructions)		13	
		14 Investment interest. Attach Form 4952 if required. (See instructions.)		14	
		15 Add lines 10 through 14		15	10,886.
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions.		16	2,345.
If you made a gift and got a benefit for it, see instructions.		17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500		17	
		18 Carryover from prior year		18	
		19 Add lines 16 through 18		19	2,345.
Casualty and Theft Losses		20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)		20	
Job Expenses and Certain Miscellaneous Deductions		21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►		21	
		22 Tax preparation fees		22	
		23 Other expenses—investment, safe deposit box, etc. List type and amount ►		23	
		24 Add lines 21 through 23		24	
		25 Enter amount from Form 1040, line 38 25		25	
		26 Multiply line 25 by 2% (0.02)		26	
		27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		27	
Other Miscellaneous Deductions		28 Other—from list in instructions. List type and amount ►		28	
Total Itemized Deductions		29 Is Form 1040, line 38, over \$155,650?		29	30,913.
		<input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.			
		<input checked="" type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			
		30 If you elect to itemize deductions even though they are less than your standard deduction, check here			



ERO MUST RETAIN THIS FORM.
**DO NOT SUBMIT THIS FORM TO
GEORGIA DEPARTMENT OF REVENUE
UNLESS REQUESTED TO DO SO.**



**GA-8453
2016**

IRS DCN OR SUBMISSION ID

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**GEORGIA INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING
SUMMARY OF AGREEMENT BETWEEN TAXPAYER AND ERO OR PAID PREPARER**

First Name and Initial MARC J	Last Name HANNAH	Social Security Number 566-31-9332
If Joint Return, Spouse's First Name and Initial ANTOINETTE J	Spouse's Last Name HANNAH	Spouse's Social Security Number 244-41-7563
Home Address (number and street) 19 CAMELOT CIRCLE SE	Apt Number	Daytime Telephone Number 404-832-0748
City, Town or Post Office ROME	State GA	Zip Code 30161

PART I

TAX RETURN INFORMATION

1. Federal Adjusted Gross Income (Form 500, Line 8; Form 500EZ, Line 1)	1.	199388
2. Georgia Taxable Income (Form 500, Line 15; Form 500EZ, Line 3)	2.	155075
3. Net Georgia Tax (Form 500, Line 22; Form 500EZ, Line 6)	3.	9045
4. Refund (Form 500, Line 40; Form 500EZ Line 20)	4.	2150
5. Balance Due (Form 500, Line 39; Form 500EZ, Line 19)	5.	

PART II

DECLARATION OF TAXPAYER(S)

Under penalties of perjury, I declare that the information I have provided to my Electronic Return Originator (ERO) and/or Online Service Provider and/or Transmitter and the amounts shown in Part I agree with the amounts shown on the corresponding lines of the electronic portion of my 2016 Georgia Income Tax Return. I declare that I have examined my tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, my return is true, correct and complete. I consent that the electronic portion of my return may be sent by my ERO/Online Service Provider/Transmitter.

SIGN

HERE

TAXPAYER'S SIGNATURE

Date

SPOUSE'S SIGNATURE (if joint return, both must sign)

Date

PRINT NAME

EMAIL ADDRESS

PART III DECLARATION OF ELECTRONIC RETURNS ORIGINATOR AND PAID PREPARER

I DECLARE THAT I HAVE REVIEWED THE ABOVE TAXPAYER'S RETURN AND THAT THE ENTRIES ON THE GA-8453 ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

**ERO's
Use
Only**

ERO's Signature

Date

Firm's Name

Check also if paid preparer ☐

Address

FEIN/PTIN

City, State, & Zip Code

SSN/TIN

IF PREPARED BY ANY PERSON OTHER THAN THE TAXPAYER, THIS DECLARATION IS BASED ON ALL INFORMATION OF WHICH THE TAXPAYER HAS ANY KNOWLEDGE.

**Paid
Preparer's
Use Only**

Paid Preparer's Signature SELF PREPARED

Date

Firm's Name

FID/TIN

Address

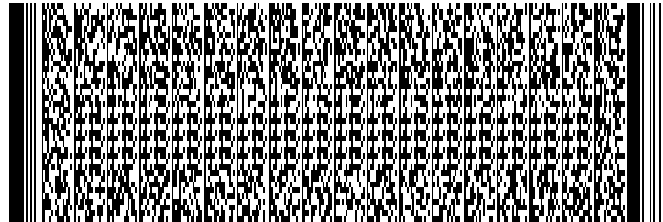
SSN/TIN

City, State, & Zip Code

KEEP A COPY WITH YOUR RECORDS



1700411517

**Georgia Form 500** (Rev. 08/02/16)**Page 1**

Individual Income Tax Return

Georgia Department of Revenue

2016 (Approved software version)Fiscal Year
Beginning☐ Please check this box if you have attached more than three pages
of Form 500 Schedule 2.Fiscal Year
Ending

DRIVER'S LICENSE/STATE ID 051553014

STATE ISSUED GA

YOUR FIRST NAME

1. MARC

MI

J

YOUR SOCIAL SECURITY NUMBER

566-31-9332

LAST NAME

HANNAH

SUFFIX

Special Program Code

See IT-511 Tax Booklet

SPOUSE'S FIRST NAME

ANTOINETTE

MI

J

SPOUSE'S SOCIAL SECURITY NUMBER

244-41-7563

LAST NAME

HANNAH

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. 19 CAMELOT CIRCLE SE

500 UET Exception
Attached

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

3. ROME

STATE

GA

ZIP CODE

30161

(COUNTRY IF FOREIGN)

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

Residency Status

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.

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

Filing Status

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. 2**Pages (1-5) are Required for Processing**



YOUR SOCIAL SECURITY NUMBER
566-31-9332

7a. Number of Dependents (Enter details on Line 7c., and DO NOT include yourself or your spouse).....▶ 7a. 2

7b. Add Lines 6c and 7a. Enter total.....▶ 7b. 4

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

First Name, MI. CHRISTIAN M	Last Name HANNAH
Social Security Number 669-30-2136	Relationship to You SON

First Name, MI. GRANT H	Last Name HANNAH
Social Security Number 669-38-1798	Relationship to You SON

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. | 199388 |
| (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. | |
| 10. Georgia adjusted gross income (Net total of Line 8 and Line 9).....▶ | 10. | 199388 |



1700411537

YOUR SOCIAL SECURITY NUMBER
566-31-9332

11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION).....	▶ 11a.	
(See IT-511 Tax Booklet)		
b. Self: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/>		
Spouse: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/>	Total x 1,300=.....	▶ 11b.
c. Total Standard Deduction (Line 11a + Line 11b).....	▶ 11c.	
Use EITHER Line 11c OR Line 12c (Do not write on both lines)		
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.	30913
b. Less adjustments: (See IT-511 Tax Booklet)	▶ 12b.	0
c. Georgia Total Itemized Deductions.....	▶ 12c.	30913
13. Subtract either Line 11c or Line 12c from Line 10; enter balance.....	▶ 13.	168475
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.	7400
14b. Number on Line 7a. 2 multiply by \$3,000.....	▶ 14b.	6000
14c. Add Lines 14a. and 14b. Enter total.....	▶ 14c.	13400
15. Georgia taxable income (Line 13 less Line 14c or Schedule 3, Line 14)	▶ 15.	155075
16. Tax (Use Tax Table in the IT-511 Tax Booklet).....	▶ 16.	9045
17. Low Income Credit 17a. 17b.	▶ 17c.	
18. Other State(s) Tax Credit.....	▶ 18.	
19. Credits used from IND-CR Summary Worksheet	▶ 19.	
20. Total Credits from Schedule 2 Georgia Tax Credits (Sum of all Schedule 2s).	▶ 20.	
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.	9045
23. Georgia Income Tax Withheld on Wages and 1099s	▶ 23.	11195
(Enter Tax Withheld Only and enclose W-2s and/or 1099s)		
24. Other Georgia Income Tax Withheld.....	▶ 24.	
(Must enclose G2-A, G2-FL, G2-LP and/or G2-RP)		

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

REV 01/04/17 INTUIT.CG.CFP.SP

Pages (1-5) are Required for Processing



YOUR SOCIAL SECURITY NUMBER
566-31-9332

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)

1. WITHHOLDING TYPE:
☒ W-2s ☐ G2-A ☐ G2-LP
☐ 1099s ☐ G2-FL ☐ G2-RP
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) ☒ SSN ☐
581086067
3. EMPLOYER/PAYER STATE WITHHOLDING ID
4050896JF
4. GA WAGES / INCOME
50784
5. GA TAX WITHHELD
2719

(INCOME STATEMENT B)

1. WITHHOLDING TYPE:
☒ W-2s ☐ G2-A ☐ G2-LP
☐ 1099s ☐ G2-FL ☐ G2-RP
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) ☒ SSN ☐
580257110
3. EMPLOYER/PAYER STATE WITHHOLDING ID
4391760PN
4. GA WAGES / INCOME
146817
5. GA TAX WITHHELD
8476

(INCOME STATEMENT C)

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

(INCOME STATEMENT D)

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

(INCOME STATEMENT E)

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

(INCOME STATEMENT F)

1. WITHHOLDING TYPE:
☐ W-2s ☐ G2-A ☐ G2-LP
☐ 1099s ☐ G2-FL ☐ G2-RP
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) ☐ SSN ☐
3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME
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.
26. Total prepayment credits (Add Lines 23, 24 and 25)..... ► 26. 11195
27. If Line 22 exceeds Line 26 enter BALANCE DUE STATE ► 27.
28. If Line 26 exceeds Line 22 enter OVERPAYMENT amount ► 28. 2150
29. Amount to be credited to 2017 ESTIMATED TAX ► 29. 0

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



Page **5**

YOUR SOCIAL SECURITY NUMBER
566-31-9332

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.

2150

40a. Direct Deposit (For U.S. Accounts Only) Type: ☒ Checking ☐ Savings ☐ Routing Number 124003116

Account Number 1045744933

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 740399
ATLANTA, GA 30374-0399

(REFUND and NO BALANCE DUE) PROCESSING CENTER
GEORGIA DEPARTMENT OF REVENUE
PO BOX 740380
ATLANTA, GA 30374-0380

ENCLOSE ALL ITEMS IN RETURN 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)

PHONE NUMBER
404-832-0748

DATE

Spouse's Signature ☐ (Check box if deceased)

DATE

NAME OF PREPARER OTHER THAN TAXPAYER
SELF-PREPARED

REV 01/04/17 INTUIT.CG.CFP.SP

Do you want to authorize DOR to discuss this return with the
named preparer. Yes ☐

PREPARER'S FIRM NAME

Signature of Preparer

PREPARER'S FEIN PREPARER'S SSN/PTIN/SIDN PHONE NUMBER

☐ I authorize the Georgia Department of Revenue to
electronically notify me at the below email address
regarding any updates to my account(s).

TAXPAYER'S EMAIL ADDRESS

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning

, 2016, ending

, 20

See separate instructions.

Your first name and initial

Marc J

Last name

Hannah

Your social security number

566-31-9332

If a joint return, spouse's first name and initial

Antoinette J

Last name

Hannah

Spouse's social security number

244-41-7563

Home address (number and street). If you have a P.O. box, see instructions.

19 Camelot Circle SE

Apt. no.

▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Rome GA 30161

Foreign country name

Foreign province/state/county

Foreign postal code

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

☐ You
 ☐ Spouse

Filing Status

1 ☐ Single

2 ☒ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶

4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 ☐ Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

b ☒ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
Christian M	Hannah	669-30-2136	Son	<input checked="" type="checkbox"/>
Grant H	Hannah	669-38-1798	Son	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here ▶ ☐

d Total number of exemptions claimed

Boxes checked on 6a and 6b

No. of children on 6c who:

• lived with you

• did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶

4

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a Taxable interest. Attach Schedule B if required

b Tax-exempt interest. Do not include on line 8a 8b

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends 9b

10 Taxable refunds, credits, or offsets of state and local income taxes

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐

14 Other gains or (losses). Attach Form 4797

15a IRA distributions 15a

b Taxable amount 15b

16a Pensions and annuities 16a

b Taxable amount 16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits 20a

b Taxable amount 20b

21 Other income. List type and amount

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

7 197,601.

8a

9a

10 1,787.

11

12

13

14

15b

16b

17

18

19

20b

21

22 199,388.

Adjusted Gross Income

23 Educator expenses 23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24

25 Health savings account deduction. Attach Form 8889 25

26 Moving expenses. Attach Form 3903 26

27 Deductible part of self-employment tax. Attach Schedule SE 27

28 Self-employed SEP, SIMPLE, and qualified plans 28

29 Self-employed health insurance deduction 29

30 Penalty on early withdrawal of savings 30

31a Alimony paid b Recipient's SSN ▶ 31a

32 IRA deduction 32

33 Student loan interest deduction 33

34 Tuition and fees. Attach Form 8917 34

35 Domestic production activities deduction. Attach Form 8903 35

36 Add lines 23 through 35 36

37 Subtract line 36 from line 22. This is your adjusted gross income ▶ 37

23

24

25

26

27

28

29

30

31a

32

33

34

35

36

37 199,388.

Tax and Credits**Standard Deduction for—**

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:
Single or Married filing separately, \$6,300

Married filing jointly or Qualifying widow(er), \$12,600

Head of household, \$9,300

Other Taxes**Payments**

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit? See instructions.

Amount You Owe**Third Party Designee****Sign Here**

Joint return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

38	Amount from line 37 (adjusted gross income)	38	199,388.
39a	Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a <input type="checkbox"/>		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	30,913.
41	Subtract line 40 from line 38	41	168,475.
42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	16,200.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	152,275.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	29,623.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	29,623.
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	29,623.
57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	0.
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	29,623.
64	Federal income tax withheld from Forms W-2 and 1099	64	29,955.
65	2016 estimated tax payments and amount applied from 2015 return	65	
66a	Earned income credit (EIC) No	66a	
b	Nontaxable combat pay election 66b	66b	
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	29,955.
75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	332.
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	332.
b	Routing number 1 2 4 0 0 3 1 1 6 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 1 0 4 5 7 4 4 9 3 3		
77	Amount of line 75 you want applied to your 2017 estimated tax	77	
78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
79	Estimated tax penalty (see instructions)	79	

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes.** Complete below. ☒ **No**

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶
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Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation Web Developer	Daytime phone number (404) 832-0748
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation Manager	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Self-Prepared		Firm's EIN ▶	
Firm's address ▶			Phone no.	

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

► Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.
► Attach to Form 1040.

OMB No. 1545-0074

2016
Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Marc J & Antoinette J Hannah

Your social security number

566-31-9332

Medical and Dental Expenses		Caution: Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1	0.		
2	Enter amount from Form 1040, line 38 2 199,388.				
3	Multiply line 2 by 10% (0.10). But if either you or your spouse was born before January 2, 1952, multiply line 2 by 7.5% (0.075) instead	3	19,939.		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			
Taxes You Paid		5 State and local (check only one box):			
a	<input checked="" type="checkbox"/> Income taxes, or	5	11,195.		
b	<input type="checkbox"/> General sales taxes				
6	Real estate taxes (see instructions)	6	6,237.		
7	Personal property taxes	7	250.		
8	Other taxes. List type and amount ►	8			
9	Add lines 5 through 8	9			17,682.
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098		10	10,886.
Note: Your mortgage interest deduction may be limited (see instructions).		11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►		11	
		12 Points not reported to you on Form 1098. See instructions for special rules		12	
		13 Mortgage insurance premiums (see instructions)		13	
		14 Investment interest. Attach Form 4952 if required. (See instructions.)		14	
		15 Add lines 10 through 14		15	10,886.
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions.		16	2,345.
If you made a gift and got a benefit for it, see instructions.		17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500		17	
		18 Carryover from prior year		18	
		19 Add lines 16 through 18		19	2,345.
Casualty and Theft Losses		20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)		20	
Job Expenses and Certain Miscellaneous Deductions		21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►		21	
		22 Tax preparation fees		22	
		23 Other expenses—investment, safe deposit box, etc. List type and amount ►		23	
		24 Add lines 21 through 23		24	
		25 Enter amount from Form 1040, line 38 25		25	
		26 Multiply line 25 by 2% (0.02)		26	
		27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		27	
Other Miscellaneous Deductions		28 Other—from list in instructions. List type and amount ►		28	
Total Itemized Deductions		29 Is Form 1040, line 38, over \$155,650?		29	30,913.
		<input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.			
		<input checked="" type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			
		30 If you elect to itemize deductions even though they are less than your standard deduction, check here			