

File by Mail Instructions for your 2015 Georgia Tax Return

Important: Your taxes are not finished until all required steps are completed.



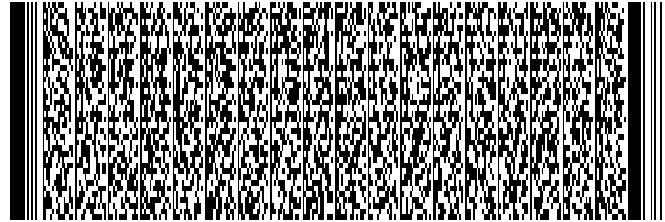
Nicole M Figueroa Baez
3460 Kingsboro Rd. Northeast
Atlanta, GA 30326

Balance Due/Refund	Your Georgia state tax return (Form 500) shows you are due a refund of \$979.00. Your refund will be direct deposited into the following account: Account Number: 9976564888, Routing Transit Number: 021000089.		
What You Need to Mail	<p>Your tax return - The official return for mailing is included in this printout. Remember to sign and date the return.</p> <p>Include copies of all income statements (W-2, 1099, etc.) to your return.</p> <p>Part-year residents claiming a credit for taxes paid to another state must include a copy of the tax return filed with the other state(s).</p> <p>Mail your return and attachments to:</p> <p>Processing Center Georgia Department of Revenue P.O. Box 105597 Atlanta, Georgia 30348-5597</p> <p>Deadline: Postmarked by April 18, 2016</p> <p>Don't forget correct postage on the envelope.</p>		
What You Need to Keep	Keep these instructions and a copy of your return for your records. If you did not print one before closing TurboTax, go back to the program and select File tab, then select the Print for Your Records category.		
2015 Georgia Tax Return Summary	Taxable Income	\$	14,877.00
	Total Tax	\$	701.00
	Total Payments/Credits	\$	979.00
	Amount to be Refunded	\$	979.00
Special Formatting	Your printed state tax forms may have special formatting on them, such as bar codes or other symbols. This is to enable fast processing. Don't worry, these forms have been approved by your taxing authority and are acceptable for printing and mailing.		





1600411516

**Georgia Form 500** (Rev. 09/02/15)**Page 1**

Individual Income Tax Return

Georgia Department of Revenue

2015 (Approved software version)Fiscal Year
BeginningFiscal Year
Ending

YOUR FIRST NAME

1. NICOLE

MI

M

YOUR SOCIAL SECURITY NUMBER

551-91-3120

LAST NAME

FIGUEROA BAEZ

SUFFIX

Special Program Code

See IT-511 Tax Booklet

SPOUSE'S FIRST NAME

MI

SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME

SUFFIX

DEPARTMENT USE ONLY

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

2. 3460 KINGSBORO RD NORTHEAST

APT NO 327

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

3. ATLANTA

STATE

GA

ZIP CODE

30326

500 UET Exception
Attached

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number..... **4. 2**

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT 11-01-2015 TO 12-31-2015 3. NONRESIDENT

Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Schedule 3 of Form 500, page 8.

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

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

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



YOUR SOCIAL SECURITY NUMBER
551-91-3120

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

7b. Add Lines 6c and 7a. Enter total.....▶ 7b. 1

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

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You



YOUR SOCIAL SECURITY NUMBER
551-91-3120

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. 94042
(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 Schedule 1 (See IT-511 Tax Booklet)..... 9.
10. Georgia adjusted gross income (Net total of Line 8 and Line 9)..... 10.
11. Standard Deduction (Do not use **FEDERAL STANDARD DEDUCTION**) 11a.
(See IT-511 Tax Booklet)
- b. Self: 65 or over? ☐ Blind? ☐ Spouse: 65 or over? ☐ Blind? ☐
- 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.
- 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.
- 14a. Number on Line 6c. multiply by \$2,700 for filing status A or D..... 14a.
OR multiply by \$3,700 for filing status B or C
- 14b. Number on Line 7a. multiply by \$3,000..... 14b.
- 14c. Add Lines 14a. and 14b. Enter total..... 14c.
15. Georgia taxable income (Line 13 less Line 14c or Schedule 3, Line 14)..... 15. 14877
16. Tax (Use Tax Table in the IT-511 Tax Booklet)..... 16. 701
17. Credits from Form 500, Page 6, Schedule 2, Summary Section, Line 3
(Enter total but not more than the amount on Line 16)..... 17. 701
18. Balance (Line 16 less Line 17) if zero or less than zero, enter zero..... 18. 0
19. **Georgia Income Tax Withheld on Wages and 1099s** 19. 979
(Enter Tax Withheld Only and enclose W-2s and/or 1099s)
20. **Other Georgia Income Tax Withheld**..... 20.
(Must enclose G2-A, G2-FL, G2-LP and/or G2-RP)

REV 01/13/16 INTUIT.CG.CFP.SP

Georgia Form **500**
Individual Income Tax Return
Georgia Department of Revenue
2015



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Page 4

YOUR SOCIAL SECURITY NUMBER
551-91-3120

21. Estimated tax for 2015 and Form IT-560.....▶ 21.
22. Total prepayment credits (Add Lines 19, 20 and 21).....▶ 22. 979
23. If Line 18 exceeds Line 22 enter BALANCE DUE STATE.....▶ 23.
24. If Line 22 exceeds Line 18 enter OVERPAYMENT amount.....▶ 24. 979
25. Amount to be credited to 2016 ESTIMATED TAX▶ 25. 0
26. Georgia Wildlife Conservation Fund (No gift of less than \$1.00).....▶ 26.
27. Georgia Fund for Children and Elderly (No gift of less than \$1.00).....▶ 27.
28. Georgia Cancer Research Fund (No gift of less than \$1.00)▶ 28.
29. Georgia Land Conservation Program (No gift of less than \$1.00).....▶ 29.
30. Georgia National Guard Foundation (No gift of less than \$1.00)▶ 30.
31. Dog & Cat Sterilization Fund (No gift of less than \$1.00)▶ 31.
32. Saving the Cure Fund (No gift of less than \$1.00).....▶ 32.
33. Realizing Educational Achievement Can Happen (REACH) Program (No gift of less than \$1.00).....▶ 33.
34. Form 500 UET (Estimated tax penalty).....▶ 34.
35. (If you owe) Add Lines 23, 26 thru 34
MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE.....▶ 35.
36. (If you are due a refund) Subtract the sum of Lines 25 thru 34 from Line 24
THIS IS YOUR REFUND▶ 36. 979

36a. Direct Deposit (For U.S. Accounts Only) Type: Checking ☒ Savings ☐ Routing Number 021000089

Account Number 9976564888

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 105613
ATLANTA, GA 30348-5613

(REFUND and No BALANCE DUE)

PROCESSING CENTER
GEORGIA DEPARTMENT OF REVENUE
PO BOX 105597
ATLANTA, GA 30348-5597

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

323-244-1391

DATE

Spouse's Signature ☐ (Check box if deceased)

DATE

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

NAME OF PREPARER OTHER THAN TAXPAYER

SELF-PREPARED

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Signature of Preparer

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

PREPARER'S FEIN

PREPARER'S SSN/PTIN

PHONE NUMBER

TAXPAYER'S EMAIL ADDRESS



YOUR SOCIAL SECURITY NUMBER
551-91-3120

SCHEDULE 1 ADJUSTMENTS to INCOME BASED on GEORGIA LAW (See IT-511 Tax Booklet)

ADDITIONS to INCOME

1. Interest on Non-Georgia Municipal and State Bonds.....▶ 1.
2. Lump Sum Distributions.....▶ 2.
3. Federal deduction for income attributable to domestic production activities▶ 3.
(IRC Section 199)
4. Net operating loss carryover deducted on Federal return.....▶ 4.
5. Other (Specify) ▶ 5.
6. Total Additions (Enter sum of Lines 1-5 here).....▶ 6.

SUBTRACTION from INCOME

7. Retirement Income Exclusion (See IT-511 Tax Booklet)

a. Self: Date of Birth Date of Disability: Type of Disability:
7a.

b. Spouse: Date of Birth Date of Disability: Type of Disability:
7b.

8. Social Security Benefits (Taxable portion from Federal return).....▶ 8.
9. Path2College 529 Plan▶ 9.
10. Interest on United States Obligations (See IT-511 Tax Booklet)▶ 10.
11. Georgia Net Operating loss carryover from previous years
(See IT-511 Tax Booklet)▶ 11.

- | | | | | | | | |
|---|-------------|-----|--------|-----|-------|--------|------|
| 12. Other Adjustments (Specify) | Adjustment | TAX | REFUND | OTH | STATE | Amount | 643 |
| | Adjustment | | | | | Amount | |
| | Adjustment | | | | | Amount | |
| | Adjustment | | | | | Amount | |
| | Total.....▶ | 12. | | | | | 643 |
| 13. Total Subtractions (Enter sum of Lines 7-12 here).....▶ | 13. | | | | | | 643 |
| 14. Net Adjustments (Line 6 less Line 13).
Enter Net Total here and on Line 9 of Page 3 (+ or -) of Form 500.....▶ | 14. | | | | | | -643 |



YOUR SOCIAL SECURITY NUMBER
551-91-3120

SCHEDULE 2 CREDIT USAGE AND CARRYOVER

See IT-511 Tax Booklet

1. Complete Form IND-CR if applicable and enter the total on Line 1 of the summary section below. **A separate Schedule 2 must be completed for each non IND-CR Credit.** Total Line 14 of each Schedule 2 and enter the total on Line 2 of the summary section below. The summary section should only be completed on the first Schedule 2.
2. The taxpayer must indicate which credits are being used for both the IND-CR and non IND-CR credits.
3. If there is a credit eligible for carryover to 2015, please complete the schedules even if the credit is not used in 2015.
4. See the IT-511 Tax Booklet for a list of non IND-CR credit type codes.
5. See the relevant forms, statutes, and regulations to determine how the credit is allocated to the owners, to determine when carryovers expire, and to see if the credit is limited to a certain percentage of tax.
6. If the credit for a particular non IND-CR credit code originated with more than one person or company, enter separate information on Lines 6 through 11 below.
7. The credit certificate number is issued for credits that are preapproved. If applicable, please enter the credit certificate number where indicated.
8. Before the Line 15 and IND-CR carryovers are applied to next year, the amount must be reduced by any amounts elected to be applied to withholding in 2015 (for businesses only) and by any carryovers that have expired.

Low Income Credit and Other State(s) Tax Credit have been moved to the IND-CR page 7.

Summary of Credits Used

- | | | |
|--|----|-----|
| 1. Credits used from IND-CR.....▶ | 1. | 701 |
| 2. Total credits used from all non IND-CR credits
(Total of Line 14 for each credit).....▶ | 2. | |
| 3. Total credits used (Enter here and on Line 17, Page 3 of Form 500.
This amount cannot exceed Line 16, Page 3 of Form 500)▶ | 3. | 701 |

Non IND-CR Credits

For the credit generated this year, list the Company Name, ID number, Credit Certificate number, if applicable, and % of credit (purchased credits should also be included). If the credit originated with this taxpayer, enter this taxpayer's name and ID# below and 100% for the percentage.

- | | |
|---|----|
| 4. Credit Type Code (Enter here and on Page 7).....▶ | 4. |
| 5. Credit remaining from previous years (For businesses only, do not
include amounts elected to be applied to withholding).....▶ | 5. |

6. COMPANY NAME

CREDIT CERTIFICATE #	% OF CREDIT	ID NUMBER
----------------------	-------------	-----------

CREDIT GENERATED IN 2015

7. COMPANY NAME

CREDIT CERTIFICATE #	% OF CREDIT	ID NUMBER
----------------------	-------------	-----------

CREDIT GENERATED IN 2015



YOUR SOCIAL SECURITY NUMBER
551-91-3120

CREDIT TYPE CODE FROM PAGE 6, LINE 4.

SCHEDULE 2 CREDIT USAGE AND CARRYOVER (continued)

8. COMPANY NAME

CREDIT CERTIFICATE #	% OF CREDIT	ID NUMBER
----------------------	-------------	-----------

CREDIT GENERATED IN 2015

9. COMPANY NAME

CREDIT CERTIFICATE #	% OF CREDIT	ID NUMBER
----------------------	-------------	-----------

CREDIT GENERATED IN 2015

10. COMPANY NAME

CREDIT CERTIFICATE #	% OF CREDIT	ID NUMBER
----------------------	-------------	-----------

CREDIT GENERATED IN 2015

11. COMPANY NAME

CREDIT CERTIFICATE #	% OF CREDIT	ID NUMBER
----------------------	-------------	-----------

CREDIT GENERATED IN 2015

12. Total available credit for 2015 (sum of Lines 5 through 11) ► 12.
13. Enter the amount of the credit sold (Conservation and Film Tax Credits).... ► 13.
14. Credit Used in 2015..... ► 14.
15. Potential carryover to 2016 (Line 12 less Lines 13 and 14)..... ► 15.



YOUR SOCIAL SECURITY NUMBER
551-91-3120

DO NOT USE LINES 9 THRU 14 OF PAGE 3 FORM 500

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.

FEDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A)	INCOME NOT TAXABLE TO GEORGIA (COLUMN B)	GEORGIA INCOME (COLUMN C)
1. WAGES, SALARIES, TIPS, etc 104366	1. WAGES, SALARIES, TIPS, etc 86664	1. WAGES, SALARIES, TIPS, etc 17702
2. INTERESTS AND DIVIDENDS	2. INTERESTS AND DIVIDENDS	2. INTERESTS AND DIVIDENDS
3. BUSINESS INCOME OR (LOSS) -8330	3. BUSINESS INCOME OR (LOSS) -8330	3. BUSINESS INCOME OR (LOSS) 0
4. OTHER INCOME OR (LOSS) 643	4. OTHER INCOME OR (LOSS) 643	4. OTHER INCOME OR (LOSS) 0
5. TOTAL INCOME: TOTAL LINES 1 THRU 4 96679	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 78977	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 17702
6. TOTAL ADJUSTMENTS FROM FORM 1040 -2637	6. TOTAL ADJUSTMENTS FROM FORM 1040 0	6. TOTAL ADJUSTMENTS FROM FORM 1040 -2637
7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1, PAGE 5 -643	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1, PAGE 5 -1286	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1, PAGE 5 643
8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 93399	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 77691	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 15708
9. RATIO: Divide Line 8, Column C by Line 8, Column A. Enter percentage.....▶	9.	16.82 % Not to exceed 100%
10. Itemized <input checked="" type="checkbox"/> or Standard Deduction <input type="checkbox"/> (See IT-511 Tax Booklet).....▶	10.	2240
11. Personal Exemption from Form 500 (See IT-511 Tax Booklet)		
11a. Number on Line 6c. 1 multiply by \$2,700 for filing status A or D OR▶	11a.	2700
multiply by \$3,700 for filing status B or C		
11b. Number on Line 7a. multiply by \$3,000.....▶	11b.	
11c. Add Lines 11a. and 11b. Enter total.....▶	11c.	2700
12. Total Deductions and Exemptions: Add Lines 10 and 11c.....▶	12.	4940
13. Multiply Line 12 by Ratio on Line 9 and enter result▶	13.	831
14. Georgia Taxable Income: Subtract Line 13 from Line 8, Column C Enter here and on Line 15, Page 3 of Form 500.....▶	14.	14877

List the state(s) in which the income in Column B was earned and/or to which it was reported.

- | | |
|-------|----|
| 1. CA | 3. |
| 2. | 4. |



1605911518

Georgia Form IND-CR (Rev. 09/01/15)**State of Georgia Individual Credit Form**

Georgia Department of Revenue (Approved software version)

2015 – Enclose with Form 500 –

YOUR FIRST NAME

NICOLE

MI

M

YOUR SOCIAL SECURITY NUMBER

551-91-3120

LAST NAME

FIGUEROA BAEZ

SUFFIX

SPOUSE'S SOCIAL SECURITY NUMBER

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

3460 KINGSBORO RD NORTHEAST

APT NO 327

DEPARTMENT USE ONLY

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

ATLANTA

STATE

GA

ZIP CODE

30326

Part 1 - Disabled Person Home Purchase or Retrofit Credit - Tax Credit Type 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.
2. Purchase of a home that contains all four accessibility features **OR** total of accessibility features added to retrofit a home (up to \$125 per feature) cannot exceed \$500 per residence..... ▶ 2.
3. Enter credit used in 2015 (enter here and include in Part 12)..... ▶ 3.
4. Potential carryover to 2016 (Line 1 plus Line 2 less Line 3)..... ▶ 4.

Part 2 - Child and Dependent Care Expense Credit - Tax Credit Type 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 credit claimed on Federal Form 1040. ▶ 1.
2. Georgia allowable rate ▶ 2. **30%**
3. Allowable Child & Dependent Care Expense Credit (Line 1 x .30)..... ▶ 3.
4. Enter credit used in 2015 (enter here and include in Part 12)..... ▶ 4.



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Georgia Form IND-CR

State of Georgia Individual Credit Form

Georgia Department of Revenue

2015

YOUR SOCIAL SECURITY NUMBER

551-91-3120

Part 3 - Georgia National Guard/Air National Guard Credit - Tax Credit Type 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.
2. Enter amount of qualified life insurance premiums▶ 2.
3. Enter credit used in 2015 (enter here and include in Part 12).....▶ 3.
4. Carryover to 2016 (Line 1 plus Line 2 less Line 3).....▶ 4.

Part 4 - Qualified Caregiving Expense Credit - Tax Credit Type 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



1605911538

Georgia Form IND-CR

State of Georgia Individual Credit Form

Georgia Department of Revenue

2015

YOUR SOCIAL SECURITY NUMBER

551-91-3120

Part 4 - Qualified Caregiving Expense Credit - Tax Credit Type 204 (continued)

1. Qualified caregiving expenses.....▶ 1.
2. Percentage limitation.....▶ 2. 10%
3. Line 1 multiplied by Line 2.....▶ 3.
4. Maximum credit.....▶ 4. 150
5. Enter the lesser of Line 3 or Line 4▶ 5.
6. Enter credit used in 2015 (enter here and include in Part 12).....▶ 6.

Part 5- Driver Education Credit - Tax Credit Type 205

O.C.G.A. § 48-7-29.5 provides for a driver education credit. This is a credit for an amount paid for a dependent minor child for a successfully completed course of driver education at a private driver training school licensed by the Department of Driver Services under Chapter 13 of Title 43, "The Driver Training School License Act." The amount of the credit is equal to \$150 or the actual amount paid, whichever is less. A private driver training school is one that primarily engages in offering driving instruction. **This does not include schools owned or operated by local, state, or federal governments. An amount paid for a completed course of driver education to a private or public high school does not qualify for this credit.** A completed course of driver education includes additional courses offered by private driver training schools such as defensive driver education. This tax credit is only allowed once for each dependent minor child of a taxpayer. The amount of the tax credit cannot exceed the taxpayer's income tax liability. The credit is not allowed with respect to any driver education expenses either deducted or subtracted by the taxpayer to arrive at Georgia taxable net income or with respect to any driver education expenses for which amounts were excluded from Georgia net taxable income. Any unused tax credit cannot be carried forward to any succeeding years' tax liability and cannot be carried back to any prior years' tax liability. Visit www.dds.ga.gov/Training/index.aspx.

First Child

Name of private driver training school

Name of dependent minor child

Birth Date

SS#

Date of Successful Completion.....▶ 1.

Second Child, if applicable

Name of private driver training school

Name of dependent minor child

Birth Date

SS#

Date of Successful Completion.....▶ 2.



1605911548

Georgia Form IND-CR

State of Georgia Individual Credit Form

Georgia Department of Revenue

2015

YOUR SOCIAL SECURITY NUMBER

551-91-3120

Part 5- Driver Education Credit - Tax Credit Type 205 (continued)

1. Amount paid for the successfully completed course(s)..... ▶ 1.
2. Maximum credit (cannot exceed \$150 per child)..... ▶ 2.
3. Enter the lesser of Line 1 or Line 2 ▶ 3.
4. Enter credit used in 2015 (enter here and include in Part 12)..... ▶ 4.

Part 6 - Disaster Assistance Credit - Tax Credit Type 206

O.C.G.A. § 48-7-29.4 provides for a credit for a taxpayer who receives disaster assistance during a taxable year from the Georgia Emergency Management Agency or the Federal Emergency Management Agency. The amount of the credit is equal to \$500 or the actual amount of the disaster assistance, whichever is less. The credit cannot exceed the taxpayer's income tax liability. Any unused tax credit can be carried forward to the succeeding years' tax liability but cannot be carried back to the prior years' tax liability. The approval letter from the disaster assistance agency must be enclosed with the return.

The following types of assistance qualify:

- Grants from the Department of Human Services' Individual and Family Grant Program.
- Grants from GEMA and/or FEMA.
- Loans from the Small Business Administration that are due to disasters declared by the President or Governor.

Disaster assistance agency

1. Credit remaining from previous years..... ▶ 1.
2. Date assistance was received..... ▶ 2.
3. Amount of the disaster assistance received..... ▶ 3.
4. Maximum credit..... ▶ 4. **500**
5. Enter the lesser of Line 3 or Line 4..... ▶ 5.
6. Enter credit used in 2015 (enter here and include in Part 12)..... ▶ 6.
7. Carryover to 2016 (Line 1 plus Line 5 less Line 6)..... ▶ 7.



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Georgia Form IND-CR

State of Georgia Individual Credit Form

Georgia Department of Revenue

2015

YOUR SOCIAL SECURITY NUMBER

551-91-3120

Part 7- Rural Physicians Credit - Tax Credit Type 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: <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. Enter credit used in 2015 (enter here and include in Part 12).....▶ 7.



1605911568

Georgia Form IND-CR

State of Georgia Individual Credit Form

Georgia Department of Revenue

2015

YOUR SOCIAL SECURITY NUMBER

551-91-3120

Part 8- Adoption of a Foster Child Credit - Tax Credit Type 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.
2. Enter \$2,000 per qualified foster child..... ► 2.
3. Enter credit used in 2015 (enter here and include in Part 12)..... ► 3.
4. Carryover to 2016 (Line 1 plus Line 2 less Line 3)..... ► 4.

Part 9- Eligible Single-Family Residence Tax Credit - Tax Credit Type 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.
2. Maximum allowed per year..... ► 2. **33.33%**
3. Maximum credit allowed, (multiply Line 1 by Line 2)..... ► 3.
4. Enter unused credit (Total credit less amounts used in previous years)..... ► 4.
5. Credit allowed, lesser of line 3 or line 4..... ► 5.
6. Credit used in 2015 (enter here and include in Part 12)..... ► 6.
7. Carryover to 2016 (Line 4 less Line 6)..... ► 7.



1605911578

Georgia Form IND-CR

State of Georgia Individual Credit Form
Georgia Department of Revenue

2015

YOUR SOCIAL SECURITY NUMBER
551-91-3120

Part 10- Other State(s) Tax Credit (See Instructions in IT-511 Tax Booklet) - Tax Credit Type 210

This credit cannot be carried forward.

- | | | |
|---|------|------|
| 1. Other State(s) Tax Credit..... | ▶ 1. | 4961 |
| 2. Credit used in 2015 (enter here and include in Part 12)..... | ▶ 2. | 701 |

Part 11- Low Income Tax Credit (See the Low Income Tax Credit Worksheet) - Tax Credit Type 211

This credit cannot be carried forward.

- | | | | |
|---|------|-----|------------|
| 1. Low Income Credit. | 1a. | 1b. |▶ 1c. |
| 2. Credit used in 2015 (enter here and include in Part 12)..... | ▶ 2. | | |

Part 12- Total Section

1. Add Part 1, Line 3; Part 2, Line 4; Part 3, Line 3; Part 4, Line 6; Part 5, Line 4; Part 6, Line 6;
Part 7, Line 7; Part 8, Line 3; Part 9, Line 6; Part 10, Line 2 and Part 11, Line 2.
Enter the total here and on Form 500, Page 6, Sch 2, Summary Section, Line 1... ▶ 1. 701

For the year Jan. 1–Dec. 31, 2015, or other tax year beginning , 2015, ending , 20		See separate instructions.
Your first name and initial Nicole M	Last name Figueroa Baez	Your social security number 551-91-3120
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 3460 Kingsboro Rd. Northeast		Apt. no. 327
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Atlanta GA 30326		▲ Make sure the SSN(s) above and on line 6c are correct. 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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	
Foreign postal code		

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

Boxes checked on 6a and 6b **1**

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 ▶ **1**

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)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

d Total number of exemptions claimed

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	Wages, salaries, tips, etc. Attach Form(s) W-2	7	104,366.		
	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	643.		
	11	Alimony received	11			
	12	Business income or (loss). Attach Schedule C or C-EZ	12	-8,330.		
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	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		96,679.		

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	2,637.
	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		2,637.
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37		94,042.

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, \$9,250

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	94,042.
39a	Check <input type="checkbox"/> You were born before January 2, 1951, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a <input type="checkbox"/>		
	if: <input type="checkbox"/> Spouse was born before January 2, 1951, <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	8,353.
41	Subtract line 40 from line 38	41	85,689.
42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	42	4,000.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	81,689.
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	16,213.
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	16,213.
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	16,213.
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	
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	16,213.
64	Federal income tax withheld from Forms W-2 and 1099	64	19,690.
65	2015 estimated tax payments and amount applied from 2014 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	19,690.
75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	3,477.
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	3,477.
b	Routing number 0 2 1 0 0 0 0 8 9	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number 9 9 7 6 5 6 4 8 8 8		
77	Amount of line 75 you want applied to your 2016 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) ▶

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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature ▶ Date ▶ Your occupation ▶ Daytime phone number ▶

Spouse's signature. If a joint return, **both** must sign. ▶ Date ▶ Spouse's occupation ▶ If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶

Print/Type preparer's name ▶ Preparer's signature ▶ Date ▶ Check ☐ 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

2015
Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Nicole M Figueroa Baez

Your social security number

551-91-3120

Medical and Dental Expenses		Caution: Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1			
2	Enter amount from Form 1040, line 38 2				
3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1951, multiply line 2 by 7.5% (.075) instead	3			
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	7,886.		
b	<input type="checkbox"/> General sales taxes				
6	Real estate taxes (see instructions)	6			
7	Personal property taxes	7	467.		
8	Other taxes. List type and amount ►	8			
9	Add lines 5 through 8	9		8,353.	
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098		10	
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	
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions		16	
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	
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% (.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 \$154,950?		29	8,353.
		<input checked="" 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 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			