

Georgia General Information

Taxpayer

Spouse

If disabled, enter the following:

Type of disability	_____ [1]	_____ [2]
Date of disability	_____ [3]	_____ [4]
Number of exemptions for unborn dependents with detectable human heartbeat		_____ [5]

Contributions

Amount of contributions you wish to make to:

Wildlife Conservation Fund	_____ [6]
Fund for Children and Elderly	_____ [7]
Cancer Research Fund	_____ [8]
Land Conservation Program	_____ [9]
National Guard Foundation	_____ [10]
Dog and Cat Sterilization Fund	_____ [11]
Save the Cure Fund	_____ [12]
Realizing Educational Achievement Can Happen Program	_____ [13]
Public Safety Memorial Grant	_____ [14]
Disabled Veterans' Scholarship Fund	_____ [15]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Georgia

Taxpayer

Spouse

Part-year residency dates:

From	_____ [16]	_____ [18]
To	_____ [17]	_____ [19]

NOTES/QUESTIONS: