

Taxpayer

Spouse

If disabled, enter the following:

Type of disability [1] _____ [2]
Date of disability [3] _____ [4]

Contributions

Amount of contributions you wish to make to:

Wildlife Conservation Fund [5]
Fund for Children and Elderly [6]
Cancer Research Fund [7]
Land Conservation Program [8]
National Guard Foundation [9]
Dog and Cat Sterilization Fund [10]
Save the Cure Fund [11]
Realizing Educational Achievement Can Happen Program [12]

Part-year Resident Information

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

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Part-year residency dates:

From [13] _____ [15]
To [14] _____ [16]

NOTES/QUESTIONS: