



**Taxpayer's Full Name:** \_\_\_\_\_ **Spouse's Full Name:** \_\_\_\_\_

Form ID: GA

**Georgia General Information**

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]
Public Safety Memorial Grant	_____ [13]

**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 \_\_\_\_\_ [14] \_\_\_\_\_ [16]

To \_\_\_\_\_ [15] \_\_\_\_\_ [17]

**NOTES/QUESTIONS:**