IT-550 (Rev. 08/18/16) STATE OF GEORGIA DEPARTMENT OF REVENUE TAXPAYER SERVICES DIVISION

CLAIM FOR REFUND OF GEORGIA INCOME TAX ERRONEOUSLY OR ILLEGALLY COLLECTED

IMPORTANT	Name		
SEE INSTRUCTIONS ON BACK PAGE FOR USES OF THIS FORM AND FOR MAILING ADDRESSES	Street and Number		
	City or Town	County	State Zip Code
	Federal Employer ID N	lumber	Georgia Withholding Number
	Taxpayer's Social Secu	urity Number	Spouse's Social Security Number
Tax Type: ☐ Witl	hholding	☐ Corporate [
1. Taxable year or period for which	•	-	
Calendar year or period———		or fiscal year endi	ng
2. Amount of tax paid			\$
3. Amount of tax due			\$
4. Amount of refund claimed			\$
Claimant believes that this claim s	should be allowed for	the following reasons:	
(Attach separate pages if additional	ar space is needed.)		
I (we) declare under the penalties of by me (us) and to the best of my (ou			ring schedules and statements) has been examine
by me (us) and to the best of my (ou	r) knowledge and belie	of is true and correct.	ving schedules and statements) has been examine
by me (us) and to the best of my (ou Date	r) knowledge and belie	of is true and correct. Signed:	
by me (us) and to the best of my (ou Date (Claim must be signed by both hus	sband and wife if	of is true and correct. Signed:	
Date(Claim must be signed by both hus a joint return was filed. Corporate	sband and wife if e officer should state THIS SECTIO	Signed: his/her title.) N IS FOR OFFICIA	L USE ONLY.
Date (Claim must be signed by both hus a joint return was filed. Corporate I recommend that action on thi	sband and wife if e officer should state THIS SECTION Is claim be taken as	Signed: his/her title.) N IS FOR OFFICIA	L USE ONLY.
by me (us) and to the best of my (ou Date (Claim must be signed by both hus	sband and wife if e officer should state THIS SECTION s claim be taken as \$	Signed: Signed: his/her title.) ON IS FOR OFFICIA indicated in the follow	L USE ONLY.
Date (Claim must be signed by both hus a joint return was filed. Corporate I recommend that action on thi Amount Claimed	sband and wife if e officer should state THIS SECTIONS claim be taken as \$	his/her title.) N IS FOR OFFICIA indicated in the follow	L USE ONLY.
Date (Claim must be signed by both hus a joint return was filed. Corporate I recommend that action on thi Amount Claimed Amount Rejected Amount Allowed	sband and wife if e officer should state THIS SECTION s claim be taken as \$	Signed: Signed: his/her title.) ON IS FOR OFFICIA indicated in the follow	L USE ONLY.
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Date (Claim must be signed by both hus a joint return was filed. Corporate I recommend that action on thi Amount Claimed Amount Rejected Amount Allowed Interest From Total	sband and wife if e officer should state THIS SECTION s claim be taken as \$	his/her title.) ON IS FOR OFFICIA indicated in the follow Approx	L USE ONLY. wing schedule.

Georgia Department of Revenue, Taxpayer Services Division