

INSTRUCTIONS FOR FORM IT 560 INDIVIDUAL AND FIDUCIARY

IMPORTANT - DO NOT USE this form for Corporate Income / Net Worth Tax Payments

NOTE: THIS IS NOT AN EXTENSION REQUEST FORM.

- This form is to be used to submit any payment of tax when an extension has been requested or is enforced.
- When a taxpayer receives an automatic extension of time in which to file a Federal return, Georgia will honor that extension. No penalty for late filing will be assessed if the Georgia return is filed by the extended due date of the Federal return. However, the tax must be paid by the statutory due date. The extension is for filing the return only and does not extend the time for paying the tax.
- Complete the name and address field located on the upper right side of voucher.
- The amount paid with this form should be claimed on the completed return as estimated tax. Form 500 filers should enter the amount on Line 25, Page 4. Form 501 filers should enter the amount on the estimate tax paid line.
- If the due date falls on a weekend or holiday, the tax shall be due on the next day that is not a weekend or holiday.
- For faster and more accurate posting to your account, use a payment voucher with a valid scanline from the Georgia Department of Revenue's website dor.georgia.gov or one produced by an approved software company listed at dor.georgia.gov/approved-software-vendors.
- Mail this completed form with your payment to:

**Processing Center
 Georgia Department of Revenue
 PO Box 105198
 Atlanta, Georgia 30348-5198**

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.

**PLEASE DO NOT mail this entire page. Please cut along dotted line and mail only your voucher and payment.
 PLEASE DO NOT STAPLE. PLEASE REMOVE ALL ATTACHED CHECK STUBS.**

----- Cut along dotted line -----

IT 560 (Rev. 03/20/19)
 Individual and Fiduciary Payment Voucher
2019
 DO NOT use for Quarterly
 Estimate or Corporate Tax Payments



Individual or Fiduciary Name and Address:

TYPE OF RETURN: 09-Individual Extension Payment 10-Fiduciary Extension Payment

Taxpayer's SSN or Fiduciary FEIN	Spouse's SSN	Tax Year of Return 2019	Vendor Code
PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.		The amount paid is to be credited as a payment on the liability that may be due as reflected by the completed return of the named taxpayer.	
		Signature _____ Title _____	
		Telephone _____ Date _____	

PROCESSING CENTER
 GEORGIA DEPARTMENT OF REVENUE
 PO BOX 105198
 ATLANTA GA 30348-5198

Amount Paid \$