



Taxpayer Disability Information				
	on:			
Type				
Date		(Mo/Da/Yr)	_	
Spouse Disability Information	n:			
Type				
Date		(Mo/Da/Yr)	_	
desidency Information:		From To (Mo/Da/Yr)		
If you did not live in Georgia	for all of 2023, enter the dates yo	ou did live in Georgia	· · · · · · · · · · · · · · · · · · ·	
ducation Savings:			Yes	No
Did you or your spouse make If Yes, enter the following:	any contributions to a Georgia Pa	ath2College 529 Plan account	<del>                                     </del>	NO
	Designated Beneficiary	Social Security	Account Number	2023 Amount
	<b>y</b> ,	Number		Contributed
Effect the amount you wish to	o contribute on your 2023 tax retund			
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