Georgia Form 501X (Rev.10/07) Amended Fiduciary Income Tax Return



Mailing Address
Georgia Department of Revenue
Processing Center
P.O. Box 740316
Atlanta, Georgia 30374-0316

Tax	Year	
ıax	Year	

Change of Address

Change of Address	Amended Georgia Fide	uciary Income Ta	x Return		
Please an	swer all questions, fill in all appl			s on page 2.	
A. Federal Employer Id. No.	Name of Estate or Trust				
B. Date of Creation of Trust or Decedent's Death	Name and Title of Fiduciary		Telephone N	No.	
	Address of Fiduciary (Number and S	ireet)	City, State, a	and Zip Code	
C Name and address on last ve	ar's return if different from above. If no	o roturn was filed last year	otata rassan		
C. Name and address on last ye	ai s retuiri ii uillerent nom above. Ii ili	Teturii was illeu last year,	state reason.		
WAS A FEDERAL AN	MENDED RETURN FILED?	[] YES [] NO - I	F YES, PI	LEASE ATTA	CH COPY.
Calendar Year 20	or Fiscal Year Ending	repor	A originally ted or as ljusted	B Net Change Increase or Decrease	C Correct Amount
Income of fiduciary (Gross in	come less itemized deductions from attac		ijustou	Decrease	
2. Adjustments: (List all items i	n Schedule 1, Page 2)				
3. Total (Line 1 plus or minus L	ine 2)				
4. Beneficiaries' shares of inco	me (Total of Schedule 2)				
5. Balance (Line 3 less Line 4)					
6. Exemptions: (See instruction	ns for amounts based on tax year)				
7. Net taxable income of fiducia	ary (Line 5 less Line 6)				
8. Total Tax					
PAY	MENTS AND CREDITS				
9. Other Credits					
10. Estimated Tax Payments: G	eorgia Form 501				
11. Amount paid with original re	turn, plus additional payments made	after it was filed			
12. Total of Lines 9 through 11,	Column C				
REF	UND OR BALANCE DUE				
13. Overpayment, if any, shown	on original return: Georgia Form 50	1			
14. Subtract Line 13 from Line 1	2 and enter result				
15. If Line 8, Column C is more	than Line 14, enter Balance Due				
16. Add interest (at 1% per mon	th from due date to date paid)				
17. Total of Lines 15 and 16. Pa	ay in full with this Return				
18. If Line 8, Column C is less the	nan Line 14, enter refund to be receive	red			
	t I have filed an original return and that I have is amended return is true, correct, and comple		including accom	panying schedules ar	d statements, and to
Sign Here					
Signature of Fiduciary		ignature and identification numb Il information of which s/he has a		ther than taxpayer, ba	sed on

MAIL COMPLETED RETURN TO: GEORGIA DEPARTMENT OF REVENUE, P.O. BOX 740316, ATLANTA, GEORGIA 30374-0316

GEORGIA PUBLIC REVENUE CODE SECTION 48-2-31 STIPULATES THAT TAXES SHALL BE PAID IN LAWFUL MONEY OF THE Department Use Only

UNITED STATES, FREE OF ANY EXPENSE TO THE STATE OF GEORGIA.

	SCHEDULE 1 - ADJUSTMENTS TO INCOME	
<u>ADDIT</u>	TIONS:	
Munici	pal bond interest - other States	
ncome	e tax deduction other than Georgia	
Expen	se allocable to exempt income	
	ADDITIONS	
IOIAL	_ADDITIONS	
SUBTI	RACTIONS:	
Interes	st - U.S. Government Bonds	
Income	e Tax Refund other than Georgia	
TOTAL	SUBTRACTIONS	
NET A	DJUSTMENT: Total additions less total subtractions	
	Enter also on Line 2, Page 1	
	SCHEDULE 2 - BENEFICIARIES' SHARES OF INCOME (Enter name, address, and I.D. number of each beneficiary. If more than three beneficiaries a	attach a schedule.)
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INSTRUCTIONS

Exemption amounts are based on the tax year 1997 and prior years: Trusts \$750, Estates \$1,500. 1998 to present: Trusts \$1,350, Estates \$2,700.