



2500804111

Georgia Form 501 (Rev. 07/11/24)
Fiduciary Income Tax Return

2024 (Approved web2 version)

Page 1

Fiscal Year Beginning and Ending boxes

- Change in Trust or Estate Name
Change in Fiduciary
Change of Address
Grantor Trust
Trust is a Qualified Funeral Trust
Estate is a Bankruptcy Estate
500 UET Exception Attached

Department Use Only box

Enter your Residency Status with the appropriate number 1. Full-Year 2. Part Year to 3. Nonresident

Form sections A, B, and C: Federal Employer ID No., Date of Decedent's Death, Address of Fiduciary

Schedule 1 - Computation of Tax

Table with 10 rows for tax computation: 1. Income of fiduciary, 2. Adjustments, 3. Total (Net total of Lines 1 and 2), 4. Beneficiaries' Share of Income, 5. Balance (Line 3 less Line 4), 6. Exemptions, 7a-c. Georgia Taxable Income, 8. Total tax, 9a-c. Credits used, 10. Tax less credit used



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**Schedule 1- Computation of Tax (continued)**

11.	11a. Georgia Estimated Tax Paid.....	11a.	
	11b. Tax Withheld (1099, G2-A, G2-LP and/or G2-RP) .....	11b.	
	11c. Schedule 5B Refundable Tax Credits..... (Cannot be claimed unless filed electronically)	11c.	
	11d. Total (Add Lines 11a, 11b and 11c).....	11d.	
12.	Balance of tax due. If Line 10 exceeds Line 11d, enter Line 10 less Line 11d.....	12.	
13.	Overpayment. If Line 11d exceeds Line 10, enter Line 11d less Line 10.....	13.	
14.	Amount from Line 13 to be credited to next year's estimated tax.....	14.	
15.	Interest.....	15.	
16.	Late payment penalty .....	16.	
17.	Late filing penalty .....	17.	
18.	Penalty for underpayment of estimated tax (UET) .....	18.	
19.	(If you owe) Add Lines 12, 15 thru 18. Make check payable to Georgia Department of Revenue.	19.	
20.	(If you are due a refund) Subtract the sum of Lines 14 thru 18 from Line 13. This is your refund.	20.	

Mail To: Georgia Department of Revenue Processing Center PO Box 740316 Atlanta, Georgia 30374-0316

**Direct Deposit Options**

20a. Direct Deposit (For U.S. Accounts Only)

Type: Checking  Routing Number

See Instructions in the IT-511 booklet for further details.  
 If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.

Savings  Account Number

DECLARATION: I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge.

\_\_\_\_\_  
 SIGNATURE OF FIDUCIARY

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 PHONE NUMBER

By providing my e-mail address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Check the box to authorize the Georgia Department of Revenue to discuss the contents of this return with the named preparer.

\_\_\_\_\_  
 FIDUCIARY E-MAIL ADDRESS

\_\_\_\_\_  
 SIGNATURE OF PREPARER OTHER THAN FIDUCIARY

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 PREPARER'S IDENTIFICATION NUMBER

\_\_\_\_\_  
 NAME OF PREPARER OTHER THAN FIDUCIARY

\_\_\_\_\_  
 PHONE NUMBER



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**Schedule 2 - Adjustments to Income**

ADDITIONS			
1. Municipal bond interest - Other states.....		1.	
2. Income tax deduction other than Georgia.....		2.	
3. Expense allocable to exempt income (Other than U.S. obligations).....		3.	
4. Net operating loss carryover deducted on the Federal return .....		4.	
5. Other <input type="text"/>		5.	
6. <b>TOTAL ADDITIONS</b> .....		6.	

SUBTRACTIONS			
7. Interest - U.S. Government Obligations (Must be reduced by direct and indirect interest expense)..		7.	
8. Income Tax Refund other than Georgia.....		8.	
9. Reserved .....		9.	
10. Other <input type="text"/>		10.	
11. <b>TOTAL SUBTRACTIONS</b> .....		11.	
12. <b>NET ADJUSTMENT:</b> Total additions less total subtractions. (Enter here and on Line 2, Schedule 1 or Schedule 4, Line 7).....		12.	

**Schedule 3 - Beneficiaries' Share of Income** (For each Beneficiary complete Name, Address, City, State, ZIP, Country, ID Number and Share of Income)

<b>A</b>	Name	ID Number		Share of Income
	Address			
	City	State	ZIP	Country
<b>B</b>	Name	ID Number		Share of Income
	Address			
	City	State	ZIP	Country
<b>C</b>	Name	ID Number		Share of Income
	Address			
	City	State	ZIP	Country
<b>D</b>	<b>Enter total</b> (Including additional Beneficiaries' Share of Income from attached schedule). Enter here and on Line 4, Schedule 1 or Line 12, Schedule 4.....			



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**Schedule 4 - Computation of Georgia Taxable Income For Part Year and Nonresident Fiduciary**

(ROUND TO NEAREST DOLLAR)

Enter your Residency Status with the appropriate number.....

Part Year Resident \_\_\_\_\_ to \_\_\_\_\_

	<b>Total Income From All Sources Column A</b>	<b>Georgia Source Income Column B</b>
1. Interest Income ..... 1.		
2. Dividend Income ..... 2.		
3. Business Income or (loss) ..... 3.		
4. Other Income or (loss) ..... 4.		
5. Total Income (Add Lines 1 through 4)..... 5.		
6. Total deductions used in arriving at Adjusted Total Income from Form 1041 ..... 6.		
7. Net Adjustments from Schedule 2 ..... 7.		
8. Total (Line 5 minus Line 6 plus or minus Line 7) ..... 8.		

9. Ratio: Divide Line 8 Col. B by Line 8 Col. A (% cannot be negative and cannot exceed 100%) Enter percentage here ..... 9.	
10. Exemptions: (Trusts \$1350, Estates \$2700) ..... 10.	
11. Part Year/Nonresident exemption (Multiply Line 9 by Line 10) ..... 11.	
12. Beneficiaries share of GA income from Schedule 3..... 12.	
13. Total Deductions (Add Lines 11 and 12) ..... 13.	
14. Georgia taxable income before GA NOL (Line 8 Col. B less Line 13). Enter here and on Form 501 Line 7a. .... 14.	



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Schedule 5 - Credit Usage and Carryover

(ROUND TO NEAREST DOLLAR)

1. Complete a separate schedule for each Credit Code.
2. Total the amounts on Line 13 of each schedule and enter the total on the credit line of the return.
3. If there is a credit eligible for carryover to this tax year, please complete a schedule even if the credit is not used for this tax year.
4. See the instructions for a list of credit codes.
5. See the relevant forms, statutes, and regulations to determine how the credit is allocated to the owners and to determine when carryovers expire.
6. If the credit for a particular credit code originated with more than one person or company, enter separate information on Lines 3 through 9 below.
7. The credit certificate number is issued by the Department of Revenue for credits that are preapproved. If applicable, please enter the Department of Revenue credit certificate number where indicated.
8. Before the Line 14 carryover is applied to next tax year, the amount must be reduced by any amounts elected to be applied to withholding for this tax year and by any carryovers that have expired.

For the credit generated this tax year, list the Company Name, ID Number, and Credit Certificate number if applicable. Purchased credits should also be included. If the credit originated with this taxpayer, enter this taxpayer's name and ID# below.

1. Credit Code	
2. Credit remaining from previous years (do not include amounts elected to be applied to withholding)	
3. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
4. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
5. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
6. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
7. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
8. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
9. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
10. Total available credit for this tax year (sum of Lines 2 through 9)	10.
11. Enter the amount of the credit sold (only certain credits can be sold, see instructions)	11.
12. List the credit allocated to the beneficiaries (See Schedule 6)	12.
13. Credit used for this tax year, enter here and on 501 Line 9b	13.
14. Potential carryover to next tax year (Line 10 less Lines 11,12, and 13)	14.

CREDITS MUST BE FILED ELECTRONICALLY

CREDITS MUST BE FILED ELECTRONICALLY



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**SCHEDULE 5B**  
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**Schedule 5B - Refundable Tax Credits**

(ROUND TO NEAREST DOLLAR)

1. Complete a separate schedule for each Credit Code.
2. Total the amounts on Line 13 of each schedule and enter the total on the credit line of the return.
3. If there is a credit eligible for carryover to this tax year, please complete a schedule even if the credit is not used for this tax year.
4. See the instructions for a list of credit codes.
5. See the relevant forms, statutes, and regulations to determine how the credit is allocated to the owners and to determine when carryovers expire.
6. If the credit for a particular credit code originated with more than one person or company, enter separate information on Lines 3 through 9 below.
7. The credit certificate number is issued by the Department of Revenue for credits that are preapproved. If applicable, please enter the Department of Revenue credit certificate number where indicated.
8. Before the Line 14 carryover is applied to next tax year, the amount must be reduced by any amounts elected to be applied to withholding for this tax year and by any carryovers that have expired.

**For the credit generated this tax year, list the Company Name, ID Number, and Credit Certificate number if applicable. Purchased credits should also be included. If the credit originated with this taxpayer, enter this taxpayer's name and ID# below.**

**Note: A purchased Timber Tax Credit is not a refundable tax credit. Use Schedule 5 if the Timber Tax Credit was purchased.**

1. Credit Code	
2. Credit remaining from previous years (do not include amounts elected to be applied to withholding)	
3. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
4. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
5. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
6. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
7. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
8. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
9. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
10. Total available credit for this tax year (sum of Lines 2 through 9)	10.
11. Enter the amount of the credit sold (only certain credits can be sold, see instructions)	11.
12. List the credit allocated to the beneficiaries (See Schedule 6)	12.
13. Credit used for this tax year, enter here and on 501 Line 11c	13.
14. Potential carryover to next tax year (Line 10 less Lines 11, 12, and 13)	14.

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Schedule 6 - Credit Allocation to Beneficiaries

(ROUND TO NEAREST DOLLAR)

Credits are apportioned between the fiduciary and their respective beneficiaries on the basis of the income of the fiduciary and the income that is distributed to the beneficiaries. List the details regarding the amounts allocated to the beneficiaries for each credit code. More than one credit code can be entered on this schedule.

	Credit Code	Name of Beneficiary	ID Number of Beneficiary	Amount Allocated	Credit Certificate #
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
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34.					

CREDITS MUST BE FILED ELECTRONICALLY



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Schedule 7
Net Operating Loss Application

TAXPAYER'S FEIN: \_\_\_\_\_

TAXPAYER'S NAME: \_\_\_\_\_

Form with checkboxes for Normal Loss, Farm Loss, Insurance Loss, and Total Loss(es), with corresponding dollar amount fields.

Part I - Computation:

Table with 30 rows for computation, including items like taxable income, distributions, net loss, and capital losses.

Is the loss only being carried forward? YES [ ] NO [ ] If no, complete Part II and attach a copy of Federal Form 1045.



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**Part II - NOL Carryback:**

Apply to oldest tax year applicable first

YEAR ENDED \_\_\_\_\_

YEAR ENDED \_\_\_\_\_

<b>Computation of overpayments</b>	<b>(a) Return as filed or liability as last determined</b>	<b>(b) Liability after application of carry-back</b>	<b>(c) Return as filed or liability as last determined</b>	<b>(d) Liability after application of carry-back</b>
1. Federal adjusted gross income. (exclude Federal NOL)				
2. Georgia adjustments. See instructions.				
3. Net operating loss. See instructions.				
4. Georgia adjusted gross income. Net total of Lines 1, 2 and 3.				
5. Beneficiaries' Share of Income. See instructions.				
6. Line 4 less Line 5.				
7. Exemptions. See instructions.				
8. Taxable income. Line 6 less Line 7.				
9. Income Tax.				
10. Credits. See instructions.				
11. Tax after credits. Line 9 less Line 10				
12. Enter Line 11 column (b) (d). See instructions.				
13. Decrease in tax. Line 11 less Line 12.				