



0900504015

Mailing Address Georgia Department of Revenue Processing Center P.O. Box 740318 Atlanta, Georgia 30374-0318

Net Operating Loss	; L
--------------------	-----

Amended

Change	of Address	
--------	------------	--

	Please answer all ques	tions, fill in all ap	plicable items	, and explain ch	anges on Page 2.		
	First name and initial (if joint return, us	Your Social Security Number					
	Please Home Address (Number and Street or rural route)					lumber	
Print OR Type							
Type	City, Town or Post Office	County	County			Code	
Filing	Single	Married Filing Jointly	Married Filing Sepa	arately Head of Household	Surviving Widow(er)		
Status	On Original Return [ ]						
Claimed	On This Return [ ]	[]	[]	[]	L J		
	Note: You cannot change from	Married filing joint	ly to Married fil	ing separately afte	r the due date of the	return.	
Decidency	On Original Return [ ] Fu	III Year Resident	[ ] Part Year R	esident From	То	[ ] Nonresident	
Residency	On This Return [ ] Fu	III Year Resident	[] Part Year R	esident From	То	[ ] Nonresident	
	Was a Federal Amende	d Return Filed?	[] Yes []	No - If YES, P	ease Attach Cop	y.	
				А	В	С	
Calendar Ye				As originally reported or as adjusted	Correct Amount		
	Explain all changes	s on Page 2		or as adjusted	or Decrease		
1. Total Income (Georgia adjusted gross income) Form 500.							
· · · · · · · · · · · · · · · · · · ·	any changes on Page 2.						
	or itemized deductions.						
	ons. If changing fill in Part I and						
	Income. Subtract Lines 2 and	3 from Line 1.					
5. Total Tax							
	MENTS AND CREDITS				[		
6. Georgia 7. Other Cr	Income Tax Withheld						
	d Tax Payments: Georgia Forr	n 500					
	· · ·		s made after it	was filed			
<ol> <li>9. Amount paid with original return, plus additional payments made after it was filed</li> <li>10. Total of Lines 6 through 9, Column C</li> </ol>							
REFUND OR BALANCE DUE							
11. Overpayment, if any, shown on original return: Georgia Form 500							
12. Subtract Line 11 from Line 10 and enter result							
13. If Line 5, Column C is more than Line 12, enter Balance Due							
	14. Add interest (1% per month from the due date)						
15. Total of Lines 13 and 14. Pay in full with this Return							
	, Column C is less than Line 12						
Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and							

to the best of my knowledge and belief this amended return is true, correct, and complete.

Sign Here

Your Signature Date Spouse's Signature

Date

Signature of preparer other than taxpayer, based on all information of which s/he has any knowledge Date ID number of preparer

MAIL COMPLETED RETURN TO: GEORGIA DEPARTMENT OF REVENUE, PROCESSING CENTER, P.O. BOX 740318, ATLANTA, GEORGIA 30374-0318

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.



Part I Exemptions											
1. Number of exemptions claimed on original return											
2. Number of	exemptions claimed on this return										
3. Difference,											
Dependents (c	children and other) not claimed on the original	l (or adjus	sted) return:								
If more than	First Name Last			Social Security Number			umber		Relationship to you		
three additional											
dependents,											
attach a list											
1 Additional Sta	L andard Deduction for Yourself and Spouse		Red	gular 65 or	ove	r Blind	E sete a Nie				
	hose boxes not checked on	Yours	self	] [	]	[ ]	Enter Nu of boxe				
	m and only if Standard Deduction is used)		ise	] [	]	[ ]	checke				
Part II Co	omputation of Georgia Taxable In	come f	or part-y	ear resid	den	ts and	nonre	sident	S		
			Federal	Income afte	⊖r	Inco	me Not Ta	axable	GEORGIA		
				Adjustmen			to Georg	a	INCOME		
			COL	UMN A.		(	COLUMN	В.	COLUMN C.		
1. Wages, Sala	aries, Tips, Etc										
2. Interest and	d Dividends										
3. Business In	ncome or (loss										
4. Other Incom	ne or (loss)										
5. Total Income	e: Total Lines 1 through 4										
	nts to Income: Federal Form 1040										
7. Total Georgi	ia Adjustments, explain in PART IV below										
8. Adjusted Gr	ross Income: Line 5 plus or minus Lines 6 a	and 7									
9. RATIO: Div	vide Line 8, Column C by Column A - Enter P	'ercentage	e			(		)	(Not to exceed 100%)		
10. Itemized or	r Standard Deduction								_		
11. Personal Ex	cemptions								-		
12. Total Deduc	ctions and Exemptions: Add Lines 10 and 1	1									
13. Multiply Line	e 12 by Ratio on Line 9 and enter result										
14. Georgia Tax	xable Income: Subtract Line 13 from Line 8.	Enter on	n Line 4C or	reverse s	ide .						
Part III. Disab	pility OR retirement income exclusion	you				spou	se				
Date	of birth OR disability	you				spou	se				
Туре	of disability	you				spou	se				
Part IV. EXPLANATION OF CHANGES to Income, Deductions, Exemptions, and Credits. Show computations in detail.											
A	ttach applicable schedules.										
INSTRUCTIONS:											
1. Attach a copy of your original and amended federal return.											
<ol> <li>If the return is being amended due to a K-1, include the original and amended K-1.</li> <li>If the return is being used to carryback a N.O.L., it must be filed by the date provided in the IT-553. Attach any applicable schedules from</li> </ol>											
3. If the return is being used to carryback a N.O.L., it must be filed by the date provided in the IT-553. Attach any applicable schedules from Form IT-553.											
4. If you are filing an amended return to claim the low income credit, the claim must be filed by the end of the 12th month following the close of the											
taxable year for which the credit may be claimed.											
<ol> <li>If you want all or part of the refund applied to estimated tax, indicate this with the year and the amount under Line 16.</li> <li>If the return is being amended due to a W-2, include a copy of the W-2.</li> </ol>											