



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

Tax Year -

Change of Address

Amended Georgia Fiduciary Income Tax Return

Please answer all questions, fill in all applicable items, and explain changes 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		Telephon	e No.	
	Address of Fiduciary (Number and Street)		City, Stat	e, and Zip Code	
C. Name and address on last ve	ar's return if different from above. If no return was filed	last vear.	state reaso	on.	
		,			
WAS A FEDERAL AN	IENDED RETURN FILED? [] YES []	NO - I	F YES,	PLEASE 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
	come less itemized deductions from attached Form 1041)				
2. Adjustments: (List all items i					
3. Total (Line 1 plus or minus Line 2)					
4. Beneficiaries' shares of income (Total of Schedule 2)					
5. Balance (Line 3 less Line 4)					
6. Exemptions: (See instructions 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: Georgia Form 501					
11. Amount paid with original return, 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 501					
14. Subtract Line 13 from Line 12 and enter result					
15. If Line 8, Column C is more than Line 14, enter Balance Due					
16. Add interest (at 1% per month from due date to date paid)					
17. Total of Lines 15 and 16. Pay in full with this Return					
18. If Line 8, Column C is less th	nan Line 14, enter refund to be received				
Under penalties of periury. I declare that	t I have filed an original return and that I have examined this amend	ded return, i	including acc	companying schedules a	nd statements. and to

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

Sign Here

Signature of Fiduciary

Signature and identification number of preparer other than taxpayer, based on all information of which s/he has any knowledge.

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

Date

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. Department Use Only



501X (page 2)

SCHEDULE 1 - ADJUSTMENTS TO INCOME					
ADDITIONS:					
Municipal bond interest - other States	_				
Income tax deduction other than Georgia	_				
Expense allocable to exempt income					
TOTAL ADDITIONS					
SUBTRACTIONS:					
Interest - U.S. Government Bonds					
Income Tax Refund other than Georgia					
TOTAL SUBTRACTIONS					
NET ADJUSTMENT: 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 beneficiarie	es attach a schedule)				
A					
	<u> </u>				
B					
C					
TOTAL (Enter also on Line 4, Page 1)					
SCHEDULE 3 - EXPLANATION OF CHANGES TO INCOME, DEDUCTIONS AND CREDITS. Show computations in detail. Attach applicable schedules.					

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.

ATTACH A COMPLETE COPY OF YOUR FEDERAL RETURN.