



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<br>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<br>originally<br>ted or as<br>ljusted | B<br>Net Change<br>Increase or<br>Decrease | C<br>Correct<br>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<br>(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.<br>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.