

Use this form for the 2011 tax year only. Submitting this form for a prior tax year, will delay the processing of your return.

INSTRUCTIONS

1. Attach a copy of your original and amended federal return.
2. If the return is being amended due to a K-1, include the original and amended K-1.
3. 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.
4. If you want all or part of the refund applied to estimated tax, indicate this with the year and the amount on Line 28.
5. If the return is being amended due to a W-2, include a copy of the W-2.
6. Late payment penalty is not due if the return is being amended due to an IRS audit.



1200504018

This return is for calendar year
2011

Amended due to IRS changes

Please print your numbers like this in black or blue ink:



Version 1 Fiscal Year Beginning -- Fiscal Year Ending --

AFFIX LABEL HERE

1. YOUR FIRST NAME MI YOUR SOCIAL SECURITY NUMBER --
 LAST NAME SUFFIX

SPOUSE'S FIRST NAME MI SPOUSE'S SOCIAL SECURITY NUMBER --
 LAST NAME SUFFIX

2. ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED

3. CITY STATE ZIP CODE -
 (COUNTRY IF FOREIGN)

DEPARTMENT USE ONLY

500 UET Exception Attached

4. Enter your Residency Status with the appropriate number..... Residency Status 4.

1. FULL- YEAR RESIDENT 2. PART- YEAR RESIDENT -- TO -- 3. NONRESIDENT

Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Schedule 3 of Form 500X.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... Filing Status 5.
 A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er)

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself 6b. Spouse 6c.

7. Dependents (If you have more than 3 dependents, attach a list of additional dependents)

STEP 2 EXEMPTIONS AND DEPENDENTS

First Name, MI. <input type="text"/>	Last Name <input type="text"/>
Social Security Number <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Relationship to You <input type="text"/>
First Name, MI. <input type="text"/>	Last Name <input type="text"/>
Social Security Number <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Relationship to You <input type="text"/>
First Name, MI. <input type="text"/>	Last Name <input type="text"/>
Social Security Number <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Relationship to You <input type="text"/>



1200504028

Version 1

YOUR SOCIAL SECURITY NUMBER

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STEP 2 → CONT.
 INCOME
 STEP 3
 DEDUCTIONS
 STEP 4
 TAX COMPUTATION
 STEP 5

7a. Number of Dependents (DO NOT include yourself or your spouse).....▶ 7a.

7b. Add Lines 6c and 7a. Enter total.....▶ 7b.

If amount on line 8, 9, 10, 13 or 15 is negative, fill in circle. Example: ●

8. Federal adjusted gross income (From Federal Form 1040, 1040A or 1040 EZ)▶ ○ 8. , , .00
 (Do not use FEDERAL TAXABLE INCOME)

9. Adjustments from Schedule 1 (See IT-511 Tax Booklet).....▶ ○ 9. , , .00

10. Georgia adjusted gross income (Net total of Line 8 and Line 9).....▶ ○ 10. , , .00

11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION)▶ 11a. , .00
 (See 511 Tax Booklet)

b. Self: 65 or over? Blind? Spouse: 65 or over? Blind?

Total x 1,300=.....▶ 11b. , .00

c. Total Standard Deduction (Line 11a + Line 11b).....▶ 11c. , .00
 Use EITHER Line 11c OR Line 12c (Do not write on both lines)

12. Total Itemized Deductions used in computing Federal Taxable Income.

a. Federal Itemized Deductions (Schedule A-Form 1040)▶ 12a. , .00

b. Less adjustments: (See IT-511 Tax Booklet).....▶ 12b. , .00

c. Georgia Total Itemized Deductions.....▶ 12c. , .00

13. Subtract either Line 11c or Line 12c from Line 10; enter balance.....▶ ○ 13. , .00

14a. Number on Line 6c. multiplied by \$2,700.....▶ 14a. , .00

14b. Number on Line 7a. multiplied by \$3,000.....▶ 14b. , .00

14c. Add Lines 14a. and 14b. Enter total.....▶ 14c. , .00

15. Georgia taxable income (Line 13 less Line 14c or Schedule. 3, Line 14).....▶ ○ 15. , .00

16. Tax (Use Tax Table in the IT-511 Tax Booklet).....▶ 16. , .00

17. Credits from Schedule 2 of Form 500X▶ 17. , .00

18. Balance (Line 16 less Line 17) if zero or less than zero, enter zero.....▶ 18. , .00

19. Georgia Income Tax Withheld
 (Enter Tax Withheld Only and enclose W-2s, 1099s, etc.).....▶ 19. , .00

20. Estimated Tax, Form IT-560▶ 20. , .00



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STEP 5 TAX COMPUTATION CONTINUED

21. Department Use Only	DO NOT WRITE IN THIS BOX	21.	
22. Amount paid with original return, plus any additional payments made after it was filed		22.	____,____,____.00
23. Total Prepayment credits (Add lines 19, 20, 22)		23.	____,____,____.00
24. Previous Refund(s), if any, shown on previous return(s)		24.	____,____,____.00
25. Net (Line 23 minus Line 24)		25.	____,____,____.00
26. Balance Due if Line 18 exceeds Line 25		26.	____,____,____.00
27. Overpayment if Line 25 exceeds Line 18		27.	____,____,____.00
28. Amount to be credited to ESTIMATED TAX YEAR	____	28.	____,____,____.00
29. Form UET (Estimated Tax Penalty)		29.	____,____,____.00
30. Late Payment Penalty (1/2 of 1% per month from due date)		30.	____,____,____.00
31. Interest (1% per month from due date)		31.	____,____,____.00
32. Amount Owed Pay in full with this Return (Add Line 26, Line 29 through 31)		32.	____,____,____.00
33. Refund To Be Received (Subtract Line 28 and 29 from Line 27)		33.	____,____,____.00

DEPOSIT OPTIONS

33a. Direct Deposit (U.S. Accounts Only) ▶ Type: Checking Savings

See Instructions in IT-511 booklet for further details

Routing Number: _____

Account Number: _____

33b. Debit Card

33c. Paper Check

Mail To: GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER, PO BOX 740318
ATLANTA, GA 30374-0318

EXPLANATION

EXPLANATION OF CHANGES

▶ Attach any supporting documents and new or changed forms and schedules. In the space provided below, tell us why you are filing Form 500X.

SIGNATURE

PLEASE DO NOT STAPLE YOUR CHECK, W-2'S OR ANY OTHER DOCUMENTS TO YOUR RETURN

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 GA

Under penalty of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has knowledge.



Taxpayer's Signature (Check box if deceased)

Spouse's Signature (Check box if deceased)

NAME OF PREPARER OTHER THAN TAXPAYER → _____
Do you want to authorize DOR to discuss this return with the named preparer? YES

Signature of Preparer

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

PHONE NUMBER _____

DATE _____

DATE _____

PREPARER'S FEIN

PREPARER'S SSN/PTIN

PREPARER'S SSN/PTIN

PHONE NUMBER _____

TAXPAYER EMAIL ADDRESS _____



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□□□-□□-□□□□

SCHEDULE 1 ADJUSTMENTS to INCOME BASED on GEORGIA LAW (See IT-511 Tax Booklet)

ADDITIONS to INCOME

- 1. Interest on Non-Georgia Municipal and State Bonds.....▶ 1. □□, □□□□, □□□□. 00
- 2. Lump Sum Distributions.....▶ 2. □□, □□□□, □□□□. 00
- 3. Federal deduction for income attributable to domestic production activities.....▶ 3. □□, □□□□, □□□□. 00
 (IRC Section 199)
- 4. Other (Specify) □□□□□□□□▶ 4. □□, □□□□, □□□□. 00
- 5. Total Additions (Enter sum of Lines 1-4 here).....▶ 5. □□, □□□□, □□□□. 00

SUBTRACTION from INCOME

6. Retirement Income Exclusion (See IT-511 Tax Booklet)

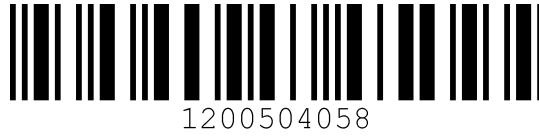
a. Self: Date of Birth	Date of Disability:	Type of Disability:	6a. □□, □□□□. 00
□□-□□-□□□□	□□-□□-□□□□	□□□□□□□□	
b. Spouse: Date of Birth	Date of Disability:	Type of Disability:	6b. □□, □□□□. 00
□□-□□-□□□□	□□-□□-□□□□	□□□□□□□□	

- 7. Social Security Benefits (Taxable portion from Federal return).....▶ 7. □□, □□□□, □□□□. 00
- 8. Georgia Higher Education Savings Plan.....▶ 8. □□, □□□□, □□□□. 00
- 9. Interest on United States Obligations (See IT-511 Tax Booklet).....▶ 9. □□, □□□□, □□□□. 00

10. Other Adjustments (Specify)

Adjustment	□□□□□□□□	Amount	□□, □□□□, □□□□. 00
Adjustment	□□□□□□□□	Amount	□□, □□□□, □□□□. 00
Adjustment	□□□□□□□□	Amount	□□, □□□□, □□□□. 00
Adjustment	□□□□□□□□	Amount	□□, □□□□, □□□□. 00

- Total.....▶ 10. □□, □□□□, □□□□. 00
- 11. Total Subtractions (Enter sum of Lines 6-10 here).....▶ 11. □□, □□□□, □□□□. 00
- 12. Net Adjustments (Line 5 less Line 11.
 Enter Net Total here and on Line 9 of Page 2)(+ or -) of Form 500X.....▶ 12. □□, □□□□, □□□□. 00



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□□□-□□-□□□□

SCHEDULE 2 CREDITS for LINE 17, PAGE 2 (See IT-511 Tax Booklet)

- 1. Other State Credit(s) Tax Credit (See IT-511 Tax Booklet).....▶ 1. □□,□□□,□□□□.00
- 2. Credits from Form IND-CR (Rural Physicians Credit, Disabled Person Home Purchase or Retrofit Credit, Driver Education Credit, Disaster Assistance Credit, Qualified Caregiving Expense Credit, Georgia National Guard/Air National Guard Credit, Child and Dependent Care Expense Credit, Adoption Credit, Eligible Single-Family Residence Credit).....▶ 2. □□,□□□,□□□□.00
- 3. Low Emission Vehicle Credit or Zero Emission Vehicle Credit▶ 3. □□,□□□,□□□□.00
(Requires DNR certification for either credit)
- 4. Qualified Education Expense Credit (Individual/Non pass through).....▶ 4. □□,□□□,□□□□.00
- 5. Clean Energy Property Credit (Individual/Non pass through).....▶ 5. □□,□□□,□□□□.00

Pass Through Credits from Ownership of Sole Proprietor, S Corp., LLC or Partnership Interest and Other Credits
You must list the appropriate Credit Type Code in the space provided. If you claim more than four credits, enclose a schedule.
Enter the schedule total on Line 10. See IT-511 Tax Booklet for a list of available credits and their applicable codes.

6. COMPANY NAME □□□□□□□□□□□□□□□□□□	CREDIT CODE TYPE □□□	
OWNERSHIP □□□.□□	FEIN □□-□□□□□□□□	CREDIT CLAIMED ON THIS RETURN □□,□□□,□□□□.00
7. COMPANY NAME □□□□□□□□□□□□□□□□□□	CREDIT CODE TYPE □□□	
OWNERSHIP □□□.□□	FEIN □□-□□□□□□□□	CREDIT CLAIMED ON THIS RETURN □□,□□□,□□□□.00
8. COMPANY NAME □□□□□□□□□□□□□□□□□□	CREDIT CODE TYPE □□□	
OWNERSHIP □□□.□□	FEIN □□-□□□□□□□□	CREDIT CLAIMED ON THIS RETURN □□,□□□,□□□□.00
9. COMPANY NAME □□□□□□□□□□□□□□□□□□	CREDIT CODE TYPE □□□	
OWNERSHIP □□□.□□	FEIN □□-□□□□□□□□	CREDIT CLAIMED ON THIS RETURN □□,□□□,□□□□.00
10. Any additional pass-through credits claimed (Attach schedule).....▶ 10. □□,□□□,□□□□.00		
11. Low Income Credit (See IT-511 Tax Booklet) 11a. □□ 11b. □□▶ 11c. □□,□□□,□□□□.00		
12. Enter the total of Lines 1 through 11 here and on Line 17, Pg. 2 of 500X.....▶ 12. □□,□□□,□□□□.00		



1200504068

YOUR SOCIAL SECURITY NUMBER --

Version 1

DO NOT USE LINES 9 THRU 14 OF PAGE 2, FORM 500X

SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS.
Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See IT-511 Tax Booklet.

FEDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A)	INCOME NOT TAXABLE TO GEORGIA (COLUMN B)	GEORGIA INCOME (COLUMN C)
1. WAGES, SALARIES, TIPS, etc <input type="text"/> , <input type="text"/> , <input type="text"/> .00	1. WAGES, SALARIES, TIPS, etc <input type="text"/> , <input type="text"/> , <input type="text"/> .00	1. WAGES, SALARIES, TIPS, etc <input type="text"/> , <input type="text"/> , <input type="text"/> .00
2. INTERESTS AND DIVIDENDS <input type="text"/> , <input type="text"/> , <input type="text"/> .00	2. INTERESTS AND DIVIDENDS <input type="text"/> , <input type="text"/> , <input type="text"/> .00	2. INTERESTS AND DIVIDENDS <input type="text"/> , <input type="text"/> , <input type="text"/> .00
3. BUSINESS INCOME OR (LOSS) <input type="text"/> , <input type="text"/> , <input type="text"/> .00	3. BUSINESS INCOME OR (LOSS) <input type="text"/> , <input type="text"/> , <input type="text"/> .00	3. BUSINESS INCOME OR (LOSS) <input type="text"/> , <input type="text"/> , <input type="text"/> .00
4. OTHER INCOME OR (LOSS) <input type="text"/> , <input type="text"/> , <input type="text"/> .00	4. OTHER INCOME OR (LOSS) <input type="text"/> , <input type="text"/> , <input type="text"/> .00	4. OTHER INCOME OR (LOSS) <input type="text"/> , <input type="text"/> , <input type="text"/> .00
5. TOTAL INCOME: TOTAL LINES 1 THRU 4 <input type="text"/> , <input type="text"/> , <input type="text"/> .00	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 <input type="text"/> , <input type="text"/> , <input type="text"/> .00	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 <input type="text"/> , <input type="text"/> , <input type="text"/> .00
6. TOTAL ADJUSTMENTS FROM FORM 1040 <input type="text"/> , <input type="text"/> , <input type="text"/> .00	6. TOTAL ADJUSTMENTS FROM FORM 1040 <input type="text"/> , <input type="text"/> , <input type="text"/> .00	6. TOTAL ADJUSTMENTS FROM FORM 1040 <input type="text"/> , <input type="text"/> , <input type="text"/> .00
7. TOTAL ADJUSTMENTS FROM FORM 500X SCHEDULE 1, PAGE 4 <input type="text"/> , <input type="text"/> , <input type="text"/> .00	7. TOTAL ADJUSTMENTS FROM FORM 500X, SCHEDULE 1, PAGE 4 <input type="text"/> , <input type="text"/> , <input type="text"/> .00	7. TOTAL ADJUSTMENTS FROM FORM 500X, SCHEDULE 1, PAGE 4 <input type="text"/> , <input type="text"/> , <input type="text"/> .00
8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 <input type="text"/> , <input type="text"/> , <input type="text"/> .00	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 <input type="text"/> , <input type="text"/> , <input type="text"/> .00	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 <input type="text"/> , <input type="text"/> , <input type="text"/> .00

9. RATIO: Divide Line 8, Column C by Line 8, Column A. Enter percentage.....▶ 9. % **Not to exceed 100%**
10. Itemized or Standard Deduction (See IT-511 Tax Booklet).....▶ 10.
11. Personal Exemption from Form 500X, Page 2 (See IT-511 Tax Booklet)
- 11a. Number on Line 6c. multiplied by \$2,700.....▶ 11a.
- 11b. Number on Line 7a. multiplied by \$3,000.....▶ 11b.
- 11c. Add Lines 11a. and 11b. Enter total.....▶ 11c.
12. Total Deductions and Exemptions: Add Lines 10 and 11c.....▶ 12.
13. Multiply Line 12 by Ratio on Line 9 and enter result.....▶ 13.
14. Georgia Taxable Income: Subtract Line 13 from Line 8, Column C
Enter here and on Line 15, Page 2 of Form 500X.....▶ 14.

List the state(s) in which the income in Column B was earned and/or to which it was reported.

1. 3.
2. 4.