# Georgia Form 501X (Rev. 06/26/2018) Amended Fiduciary Income Tax Return

# 2018



### **Mailing Address:**

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

| Page 1  Fiscal Year Beginning                                     | Part Year R Federal Am (please atta Amended d  | ended Reti<br>ich copy) | urn Filed C     | hange in | Trust or Estate N<br>Fiduciary<br>f Address | lame | Nonresident Trust is a Qualified Funeral Trus Estate is a Bankruptcy Estate 500 UET Exception Attached |
|---|--|-------------------------|-----------------|----------|---|------|--|
| A. Federal Employer ID No. Name of Estate or Trus                 | <u>t                                      </u> |                         |                 |          |   |      | Date of Creation of Trust  |
| B. Date of Decedent's Death Name of Fiduciary                     |  |                         |                 | Title (  | of Fiduciary                                |      | Telephone No.  |
| B. Date of Decedent's Death Name of Fiduciary                     |  |                         |                 | Title    | or i iduciary                               |      | тегернопе но.  |
| c. Address of Fiduciary (Number and Street)                       |  |                         | (Apt., Suite or | Buildin  | a Number)                                   |      |  |
| C   |  |                         | ( +,            |          | <u>g ,                        </u>          |      |  |
| City  | State  | Zip Cod                 | de              |          | Country                                     |      |  |
|   |  | ·                       |                 |          |   |      |  |
| Schedule 1 - Computation of Tax                                   |  | <u> </u>                |                 |          |   |      |  |
| Income of fiduciary (Adjusted total income                        | from atta                                      | ached F                 | orm 1041)       |          |   | 1.   |  |
| Adjustments: (List of all items in Schedule)                      |  |                         |                 |          |   | 2.   |  |
|   |  |                         |                 |          |   | 3.   |  |
| 3. Total (Net total of Lines 1 and 2)                             |  |                         |                 |          |   |      |  |
| 4. Beneficiaries' Share of Income (Total of S                     |  |                         |                 |          |   | 4.   |  |
| 5. Balance (Line 3 less Line 4)                                   |  |                         |                 |          |   | 5.   |  |
| 6. Exemptions: ☐ 6a. Trust \$1350 ☐ 6b                            | . Estate \$                                    | 2700                    |                 |          |   | 6.   |  |
| 7. Net taxable income of fiduciary (Line 5 les                    | s Line 6)                                      |                         |                 |          |   | 7.   |  |
| 8. Total tax  |  |                         |                 |          |   | 8.   |  |
| Less Credits used 9a. Other state(s) tax     state(s) tax return) |  |                         |                 |          |   | 9a.  |  |
| 9b. <b>Schedule 4 credits</b>                                     | cannot k                                       | oe claim                | ed unless fil   | ed ele   | ctronically                                 | 9b.  |  |
| 9c. Total Credits used  |  |                         |                 |          |   | 9c.  |  |
|   | `  |                         | ,               |          |   | 10.  |  |
| 10. Tax less credit (Net total of Line 8 less                     |  |                         |                 |          |   |      |  |
| 11. Less payments: 11a. <b>Georgia Estimate</b>                   |  |                         |                 |          |   | 11a  |  |
| 11b. <b>Georgia Tax With</b>                                      | <b>held</b> (G2                                | -A,G2-L                 | ₋P and/or G2    | -RP)     |   | 11b. |  |
| 11c. Amount paid with payments made a                             |  |                         |                 |          |   | 11c. |  |
| 11d. <b>Total</b> (Add Lines 1                                    | 1a, 11b,                                       | and 110                 | c)              |          |   | 11d. |  |

# Georgia Form 501X Amended Fiduciary Income Tax Return



**TAXPAYER'S FEIN** 

# Page 2

| Concadio i Compatatio  | on of Tax (continued)  |   |   |   |                                    |                                    |  |                                       |       |
|--|--|---|---|---|------------------------------------|------------------------------------|--|---------------------------------------|-------|
| 12. Previous refund(s), if any, shown on previous return(s)  |  |   |   |   |                                    | 12.                                |  |                                       |       |
| 13. <b>Net</b> (Line 11d minus Line 12)  |  |   |   |   | 13.                                |                                    |  |                                       |       |
| 14. Balance of tax due. If Line 10 exceeds Line 13, enter Line 10 less Line 13   |  |   |   |   | 14.                                |                                    |  |                                       |       |
| 15. Overpayment. If Line 13 exceeds Line 10, enter Line 13 less Line 10  |  |   |   |   | 15.                                |                                    |  |                                       |       |
| 16. Amount from Line 15 to be credited to next year's estimated tax  |  |   |   |   | 16.                                |                                    |  |                                       |       |
| 17. Interest   |  |   |   |   |                                    | 17.                                |  |                                       |       |
| 18. Late payment pena  | alty   |   |   |   |                                    | 18.                                |  |                                       |       |
| 19. Late filing penalty  |  |   |   |   |                                    | 19.                                |  |                                       |       |
| 20. Penalty for underpa  | yment of estimated tax (UET)   |   |   |   |                                    | 20.                                |  |                                       |       |
| 21. (If you owe) Add Line  | s 14, 17 thru 20. Make check payab   | le to Georgia D   | epartmen  | t of Rev                                | enue.                              | 21.                                |  |                                       |       |
| 22. (If you are due a refu   | und) Subtract Lines 16 and 20 from   | Line 15. This is  | your refu   | nd                                      |                                    | 22.                                |  |                                       |       |
| Direct Deposit Options   |  |   |   |   |                                    |                                    |  |                                       |       |
|  |  | ting  | īī  |   | _                                  |                                    |  |                                       |       |
| 22a. Direct Deposit (For U.S. A  | Num  | nber  |   | ШШ                                      |                                    |                                    |  |                                       |       |
| See Instructions in the IT-511 bool<br>If you do not enter Direct Deposit i  | klet for further details.<br>Information or if you Acco  | ount T  |   |   | $\neg$                             | $\neg \neg$                        | $\neg \neg$  |                                       |       |
| are a first time filer you will be issu  | ued a paper check. Savings L Num   |   |   |   | $\perp \! \! \perp \! \! \perp$    |                                    |  | <u> </u>                              |       |
| DECLARATION:I/We declare under the knowledge and belief, it is true, corre   | the penalties of perjury that I/we have examine ct, and complete. If prepared by a person other Code Section 48-2-31 stipulates that taxes sha   | nber<br>ed this return (includiner than the taxpayer,   | this declarat   | ion is based                            | d on all i                         | nformatio                          | n of which t   | ne preparer has                       |       |
| DECLARATION:I/We declare under the knowledge and belief, it is true, correct knowledge. Georgia Public Revenue   | ued a paper check. Savings L. Num the penalties of perjury that I/we have examine ct, and complete. If prepared by a person othe   | this return (including that this return (including that the taxpayer, all be paid in lawful n | this declarat<br>noney of the   | ion is based<br>United Stat             | d on all i<br>es, free             | nformation of any ex               | n of which the pense to the                                | ne preparer has                       |       |
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| DECLARATION:I/We declare under the knowledge and belief, it is true, corresponding to the knowledge. Georgia Public Revenue EXPLANATIONS OF CHANGES:  SIGNATURE OF FIDUCIAR  | ued a paper check. Savings L Num the penalties of perjury that I/we have examine ct, and complete. If prepared by a person othe Code Section 48-2-31 stipulates that taxes sha Provide an explanation of changes be  | nber  | this declarat<br>noney of the   | ion is based<br>United Stat<br>document | d on all i                         | nformatio<br>of any ex<br>schedule | n of which the pense to the pess.                          | ne preparer has                       | 1.    |
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| DECLARATION: I/We declare under the knowledge and belief, it is true, corresponding to the knowledge. Georgia Public Revenue EXPLANATIONS OF CHANGES:  SIGNATURE OF FIDUCIAR  SIGNATURE OF PREPARE  NAME OF PREPARER OTH   | the penalties of perjury that I/we have examine ct, and complete. If prepared by a person othe Code Section 48-2-31 stipulates that taxes shate. Provide an explanation of changes be reproved the complete of the code of the | DATE  DATE  PHONE NUME  | this declarat   | ion is based<br>United Stat<br>document | d on all i                         | E NUMB                             | es.  ER  | ne preparer has<br>a State of Georgia | a.    |
| DECLARATION: I/We declare under thowledge and belief, it is true, corresponding to the knowledge and belief, it is true, corresponding to the knowledge. Georgia Public Revenue EXPLANATIONS OF CHANGES:  SIGNATURE OF FIDUCIAR  SIGNATURE OF PREPARE  NAME OF PREPARER OTH              | the penalties of perjury that I/we have examine ct, and complete. If prepared by a person othe Code Section 48-2-31 stipulates that taxes share. Provide an explanation of changes be  | nber  | this declarated the second of | ddress I a                              | d on all i es, free is and i       | E NUMB                             | es.  ER  DENTIFIC  | ne preparer has e State of Georgia    | ER of |
| DECLARATION: I/We declare under the knowledge and belief, it is true, corresponding to the knowledge. Georgia Public Revenue EXPLANATIONS OF CHANGES:  SIGNATURE OF FIDUCIAR  SIGNATURE OF PREPARE  NAME OF PREPARER OTHER CONTROL CHECK the box to authorize to discuss the contents of | the penalties of perjury that I/we have examine ct, and complete. If prepared by a person othe Code Section 48-2-31 stipulates that taxes share. Provide an explanation of changes be reproved the complete of | DATE  DATE  DATE  PHONE NUME  By providing m  Revenue to elec.                                | BER  y e-mail actionically my account   | ddress I a notify ment(s).              | d on all i es, free is and i       | E NUMB                             | es.  ER  DENTIFIC  | ne preparer has e State of Georgia    | ER of |





## **TAXPAYER'S FEIN**

Page 3

Schedule 2 - Beneficiaries' Share of Income (For each Beneficiary complete Name, Address, City, State, ZIP, Country, ID Number and Share of Income)

| CIIC   | dule 2-Belleficiaries Share of friconii | e (1 or each beneficiary complete Name, Add | iess, City, | State, ZIF, C | Journa y | , ib Nulliber and Share of Income) |
|--|---|---|-------------|---------------|----------|------------------------------------|
|  | Name                                    |   | ID N        | umber         |          | Share of Income                    |
| A  -   | Address                                 | City  | State       | ZIP           |          | Country                            |
| $\dagger$  | Name                                    |   | IDN         | umber         |          | Share of Income                    |
| В  | Address                                 | City  | State       | ZIP           |          | Country                            |
| 1  | Name                                    |   | ID N        | umber         |          | Share of Income                    |
| C  | Address                                 | City  | State       | ZIP           |          | Country                            |
|  | Enter total (Including                  | additional Beneficiaries' Share of Income   | e from atta | ached sched   | dule).   |                                    |
| Sc   | hedule 3 - Adjustments to Income        |   |             |               |          |                                    |
| AD   | DITIONS                                 |   |             |               |          |                                    |
| 1.   | Municipal bond interest - Other states  | S   |             |               | 1.       |                                    |
| 2. Income tax deduction other than Georgia   |   |   |             |               |          |                                    |
| Expense allocable to exempt income (Other than U.S. obligations)                                     |   |   |             |               | 3.       |                                    |
| 4. Net operating loss carryover deducted on the Federal return                                       |   |   |             |               | 4.       |                                    |
| 5a   | . Other                                 |   |             |               | 5a.      |                                    |
| 5b   | . Other                                 |   |             |               | 5b.      |                                    |
| 6. TOTAL ADDITIONS   |   |   |             |               |          |                                    |
|  |   |   |             |               |          |                                    |
| SU   | BTRACTIONS                              |   |             |               |          |                                    |
| 1. Interest - U.S. Government Obligations (Must be reduced by direct and indirect interest expense). |   |   |             |               |          |                                    |
| 2. Income Tax Refund other than Georgia  |   |   |             |               | 2.       |                                    |
| 3. Georgia net operating loss carryover from previous years (See the instructions)                   |   |   |             |               | 3.       |                                    |
| 4a.  |   |   |             |               | 4a.      |                                    |
| 4b   |   |   |             |               | 4b.      |                                    |
| 5. TOTAL SUBTRACTIONS  |   |   |             |               |          |                                    |
| 6.   | NET ADJUSTMENT: Total additions less    | total subtractions. (Enter also on Line     | e 2, Sche   | dule 1)       | 6.       |                                    |

#### TAXPAYER'S FEIN

14.

Page 4 CIRONICA **SCHEDULE 4** (ROUND TO NEAREST DOLLAR) Credit Usage And Carryover 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, to determine when carryovers expire, and to see if the credit is limited to a certain percentage tax. 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, Credit Certificate number, if applicable, and % of credit (purchased credits should also be included). If the credit originated with this taxpayer, enter this taxpayer's name and ID# below and 100% for the percentage. 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 # % of Credit Credit Generated this Tax Year 4. Company Name **ID Number** Credit Certificate # Credit Generated this Tax Year % of Credit 5. Company Name **ID Number** Credit Certificate # % of Credit Credit Generated this Tax Year 6. Company Name **ID Number** Credit Certificate # % of Credit Credit Generated this Tax Year Company Name **ID Number** Credit Certificate # % of Credit Credit Generated this Tax Year 8. Company Name **ID Number** Credit Certificate # % of Credit Credit Generated this Tax Year 9. Company Name **ID Number** Credit Certificate # Credit Generated this Tax Year % of Credit 10. Total available credit for this tax year (sum of Lines 2 through 9) 10. 11. Enter the amount of the credit sold (Conservation Tax Credits, Film Tax Credits, 11. Postproduction Film Tax Credits, and certain Historic Rehabilitation Tax Credits) 12. List the credit allocated to the beneficiaries (See Schedule 5) 12. 13. Credit used for this tax year 13.

14. Potential carryover to next tax year (Line 10 less Lines 11,12, and 13)



|                                    | Georgia Form 5012 Amended Fiduciary Income  | lax Return                                |                          | TAXPAYER'S       | S FEIN                  |
|------------------------------------|---|---|--------------------------|------------------|-------------------------|
| AL                                 | Page 5  |   | 004055                   |                  |                         |
|                                    |   | ween the fiduciary and their respective b |                          |                  | fiduciary and the incon |
| <b>DITS MUST BE FILED ELECTRON</b> | Credit Code  1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. | Name of Beneficiary                       | ID Number of Beneficiary | Amount Allocated | Credit<br>Certificate # |
|                                    |   |   |                          |                  |                         |

CREDITS MUST BE FILED

# Instructions for the Individual/Fiduciary (525-TV) Payment Voucher

- For faster and more accurate posting to your account, use a payment voucher with a **valid scanline** from the Georgia Department of Revenue's website <u>dor.georgia.gov</u> or one produced by an approved software company listed at <u>dor.georgia.gov/approved-software-vendors</u>.
- Only complete this voucher if you owe taxes.
- Complete the name and address field located on the upper right side of the voucher.
- Please write your SSN or FEIN on your check or money order.
- Remove your check stub to keep with your records.
- If the due date falls on a weekend or holiday, the tax shall be due on the next day that is not a weekend or holiday.
- If you are **filing electronically**, mail only your voucher and payment to:

Processing Center Georgia Department of Revenue PO Box 740323 Atlanta, Georgia 30374-0323

■ If you are filing a paper return; mail your return, 525-TV payment voucher and your payment to the address that appears on the 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 Georgia.

PLEASE DO NOT mail this entire page. Please cut along dotted line and mail only your voucher and payment.

PLEASE DO NOT STAPLE. PLEASE REMOVE ALL ATTACHED CHECK STUBS.

| S25-TV (Rev. 06/25/18) | Individual and Fiduciary Payment Voucher | 1952504017 | Individual and Fiduciary Payment Voucher | Paper Return | Electronically Filed | Type of Return: | Taxpayer's SSN or Fiduciary FEIN | Spouse's SSN (if joint or combined return) | Tax Year | Daytime Telephone Number | Vendor Code | 040 | O40 | O40

PROCESSING CENTER
GEORGIA DEPARTMENT OF REVENUE
PO BOX 740323
ATLANTA GA 30374-0323

**Amount Paid \$** 

#### Instructions

Every resident and nonresident fiduciary having income from sources within Georgia or managing funds or property for the benefit of a resident of this state is required to file a Georgia income tax return on Form 501.

Returns are required to be filed by the 15th day of the 4th month following the close of the taxable year. If the due date falls on a weekend or holiday, the tax shall be due on the next day that is not a weekend or holiday.

The Georgia Code provides penalties for failure to comply with its provisions and for interest on late payments of tax and deficiencies.

#### SPECIFIC INSTRUCTIONS

If you are a Trust which is a Qualified Funeral Trust or an Estate which is a Bankruptcy Estate, please check the appropriate box on Page 1, fill in the correct tax on Line 8 and attach supporting documentation.

#### Schedule 1

Enter on Line 1 the amount of gross income less the itemized deductions shown on the Federal Form 1041.

Enter on Line 2 the net adjustment from Schedule 3.

Enter on Line 4 the total portion of income distributable to all beneficiaries as listed in Schedule 2

Enter on Line 6 the exemption: Trusts \$1,350, Estates \$2,700.

Compute the total income tax on the amount shown on Line 7 from the following tax rate schedule, entering the total tax due on Line 8.

| If the amount | But Not | Amount of       | Of      |
|---------------|---------|-----------------|---------|
| on Line 7 is  | Over    | Tax is          | Excess  |
| Over          |         |                 | Over    |
|               | \$ 750  | <br>1%          |         |
| \$ 750        | \$ 2250 | \$<br>8.00+2%   | \$ 750  |
| \$ 2250       | \$ 3750 | \$<br>38.00+3%  | \$ 2250 |
| \$ 3750       | \$ 5250 | \$<br>83.00+4%  | \$ 3750 |
| \$ 5250       | \$ 7000 | \$<br>143.00+5% | \$ 5250 |
| \$ 7000       |         | \$<br>230.00+6% | \$ 7000 |

Part-year/Nonresident Fiduciary. If the fiduciary is a part-year resident or nonresident please check the appropriate box at the top of the form and for a part-year resident fill in the part-year resident dates. Lines 1 through 6 of the form should be left blank. Instead a schedule should be attached which shows the total taxable income before exemptions (computed as if the fiduciary were a full year resident), the non taxable income before exemptions, and the Georgia taxable income before exemptions. The exemption amount should then be prorated based on the Georgia taxable income before exemptions to the total taxable income before exemptions. The Georgia taxable income before exemptions less the prorated exemption amount should be entered on Line 7.

#### Line 9

All credits, except the credit for income tax paid to another state, should be listed on a separate Schedule 4 and the total amount from Line 13 of all Schedule 4s should be listed on Line 9b of Schedule 1. For the other states tax credit a copy of the other state(s)' return must be attached. Please use the attached worksheet to compute the other state(s) tax credit. A return is required to be electronically filed if the return generates, claims, utilizes, or includes in any manner a series 100 credit claimed on Schedule 4 (see page 7).

#### Line 11b

Credit for nonresident withholding on distributions from pass through entities and sale of property by nonresidents. See O.C.G.A. Sections 48-7-128 and 48-7-129. Attach a copy of G2-RP or G2-A or the closing statement showing the amount withheld.

# The amount withheld from a G2-LP should also be put on Line 11b.

If there are more than 3 beneficiaries, attach a list showing the same information for each. The total of Schedule 2 must be the same as the amount on Line 4, Schedule 1.

#### Schedule 3

Schedule 2

Georgia taxable income of a fiduciary is its Federal income with certain adjustments as provided in Code Section 48-7-27. List all additions and all subtractions in the appropriate sections of Schedule 3. The more common adjustments are shown.

ADDITIONS: Interest on State and Municipal bonds other than Georgia and its political subdivisions. Any income tax claimed as a deduction on Form 1041 **other than** Georgia. Fiduciary fee and other expense allocable to income exempt from Georgia tax (other than U.S. obligations).

SUBTRACTIONS: Interest and dividends on U.S. Government bonds and other U.S. obligations. U.S. obligation income must be reduced by direct and indirect interest expense. To arrive at this reduction, the total interest expense is multiplied by a fraction, the numerator of which is the taxpayers average adjusted basis of the U.S. obligations, and the denominator of which is the average adjusted basis of all assets of the taxpayer. NOTE: Interest received from the Federal National Mortgage Association (FNMA), Government National Mortgage Association (GNMA), Federal Home Loan Mortgage Corporation (FHLMC), and interest derived from repurchase agreements are not considered to be obligations of the United States and are taxable.

Federally taxable interest on "Build America Bonds" and other Georgia municipal interest for which there is a special exemption under Georgia law. "Recovery Zone Economic Development Bonds" under Section 1400U-2 of the Internal Revenue Code or any other bond treated as a "Qualified Bond" under Section 6431(f) of the Internal Revenue Code are considered "Build America Bonds" for this purpose.

Income Tax refunds included as income on Form 1041 other than Georgia. Enter the total adjustments on the indicated line of Schedule 3 and on Line 2, Schedule 1. See Georgia Code Section 48-7-27 for additional adjustments.

Georgia net operating loss (NOL) carryover from previous years. Please note that before determining how much NOL can be carried from the previous year to the current year, the income from the previous year must be recomputed using the schedule at the top of Page 3 of the Form 500-NOL. Please see the schedule at the top of Page 3 of the Form 500-NOL and the related instructions on Page 4 of the Form 500-NOL. Please list only the amount being used.

#### Schedule 4 and Schedule 5

Credits are from the Fiduciary or from the ownership of an S Corp., LLC, LLP, or Partnership interest. If credits are claimed on Schedule 4 the return must be filed electronically.

#### **GENERAL INFORMATION**

#### PENALTIES AND INTEREST

DELINQUENT FILING OF RETURN - 5% of the tax not paid by original due date for each month or fractional part thereof - up to 25%.

FAILURE TO PAY tax shown on a return by due date - 1/2 of 1% of the tax due for each month or fractional part thereof - up to 25%. Failure to pay is not due if the return is being amended due to an IRS audit, check the box at the top of Page 1.

Note: Late payment and late filing penalties together cannot exceed 25% of tax not paid by the original due date.

A PENALTY OF \$1,000 may be assessed against an individual who files a frivolous return.

NEGLIGENT underpayment of tax - 5% of the underpayment.

FRAUDULENT UNDERPAYMENT - 50% thereof.

FAILURE TO FILE ESTIMATED TAX - 9% per annum for the period of underpayment. Form 500 UET is available upon request and from our website for computation of underestimated installment payments. If you were eligible for an estimated tax penalty exception on Form 500 UET, please check the "500 UET Exception Attached" box, include the revised penalty on Line 20 of the Form 501X (if the revised penalty is zero, enter zero), and include the 500 UET with the return.

Interest accruing for months beginning before July 1, 2016 accrues at the rate of 12 percent annually. Interest that accrues for months beginning on or after July 1, 2016 accrues at an annual rate equal to the Federal Reserve prime rate plus 3 percent. The interest rate will be reviewed and may be adjusted in January of each subsequent calendar year based on the Federal Reserve Rate.

# TAX CREDITS

The following Credits from the Fiduciary or from the ownership of an S Corp, LLC, LLP or Partnership Interest which will be reflected on the Fiduciary's K-1 must be listed on Form 501X, Schedule 4. The entity information and credit code must be included. Additional documentation for claiming a credit is required where indicated.

NOTE: Credit code numbers are subject to change annually. Current code numbers are listed below. See Form IND-CR for information about additional tax credits.

NOTE: A return is required to be filed electronically if the return generates, allocates, claims, utilizes, or includes in any manner a Series 100 credit claimed on Schedule 4.

For additional information on the below-listed credits, please visit the Georgia Department of Revenue website at dor.georgia.gov .

| Code | Name   | οf  | Credit |
|------|--------|-----|--------|
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- 101 Employer's Credit for Basic Skills Education
- 102 Employer's Credit for Approved Employee Retraining
- 103 Employer's Jobs Tax Credit
- 104 Employer's Credit for Purchasing Child Care Property
- **105** Employer's Credit for Providing or Sponsoring Child Care for Employees
- 106 Manufacturer's Investment Tax Credit
- 107 Optional Investment Tax Credit
- 108 Qualified Transportation Credit
- **109** Low Income Housing Credit (enclose Form IT-HC and K-1)
- **110** Diesel Particulate Emission Reduction Technology Equipment
- 111 Business Enterprise Vehicle Credit
- 112 Research Tax Credit
- 113 Headquarters Tax Credit
- 114 Port Activity Tax Credit
- 115 Bank Tax Credit
- **116** Low Emission Vehicle Credit (enclose DNR certification)
- **117** Zero Emission Vehicle Credit (enclose DNR certification)
- 118 New Facilities Job Credit
- **119** Electric Vehicle Charger Credit (enclose DNR certification)
- 120 New Manufacturing Facilities Property Credit
- **121** Historic Rehabilitation Credit for Historic Homes (enclose Form IT-RHC and DNR certification)
- 122 Film Tax Credit (Use code 133 if the credit is for a Qualified Interactive Entertainment Production Company)

#### Code Name of Credit

- **124** Land Conservation Credit (enclose Form IT-CONSV and DNR certification)
- 125 Qualified Education Expense Credit (enclose Form IT-QEE-TP2)
- 126 -Seed-Capital Fund Credit
- 127 Clean Energy Property Credit (enclose Form IT-CEP)
- 128 Wood Residual Credit
- 129 Qualified Health Insurance Expense Credit (enclose Form IT-QHIE)
- 130 -Quality Jobs Tax Credit
- 131 Alternate Port Activity Tax Credit
- 132 Qualified Investor Tax Credit
- **133** Film Tax Credit for a Qualified Interactive Entertainment Production Company
- **134** Alternative Fuel Heavy-Duty Vehicle and Alternative Fuel Medium-Duty Vehicle Tax Credits
- 135 Historic Rehabilitation Tax Credit for any Other Certified Structures (not a historic home)
- **136** Qualified Rural Hospital Organization Expense Tax
- 137 Qualified Parolee Jobs Tax Credit
- 138 Postproduction Film Tax Credit
- 139 Small Postproduction Film Tax Credit
- 140 Qualified Education Donation Tax Credit
- 141 Musical Tax Credit
- 142 Rural Zone Tax Credits
- 143 Agribusiness and Rural Jobs Tax Credit
- 144 -Post Consumer Waste Material Tax Credit

# WORKSHEET FOR OTHER STATE(S) TAX CREDIT

Georgia allows a credit for tax paid to another state on income taxable to Georgia <u>and</u> the other state. Use these worksheets to compute the other state(s) tax credit for full-year and part-year resident fiduciaries. Do not file these worksheets with your return. Keep them for your records.

Enter the Total Tax Credit on Form 501 line 9a. **Enclose a copy of tax return(s) filed with other state(s).** The credit is for state and U.S. local income tax only. The tax must have been imposed on net income. No other income taxes such as foreign local, foreign city, foreign province, foreign country, U.S. Possession, etc., qualify for this credit.

| FU              | ILL-YEAR RESIDENTS  |                          |    |
|-----------------|---|--------------------------|----|
| 1.              | Other state(s) taxable income before exemptions   |                          | \$ |
| 2.              | Georgia taxable income before exemptions (Line 5, Form 501) \$  |                          |    |
| 3.              | Ratio: Line 1 divided by Line 2   | %                        |    |
| 4.              | Georgia personal exemption Form 501, Line 6 \$  |                          |    |
| 5.              | Line 4 multiplied by ratio on Line 3  |                          | \$ |
| 6.              | Income for computation of credit (Line 1 less Line 5)   |                          | \$ |
| 7.              | Tax at Georgia rates  |                          | \$ |
| 8.              | Tax shown on return(s) filed with other state(s)*   |                          | \$ |
| 9.              | Total Tax Credit (Lesser of Line 7 or Line 8) to be entered on Line 9a of Form 501  |                          | \$ |
| <i>PA</i><br>1. | ART-YEAR RESIDENTS  Taxable Income earned in another state(s) while a Georgia res   | sident hefore exemptions | \$ |
| 1.<br>2.        | •   | \$                       | Ψ  |
| ۷.              | Georgia taxable income before exemptions  | *                        |    |
| 3.              | Ratio: Line 1 divided by Line 2   | %                        |    |
| 4.              | Georgia personal exemption after applying the ratio of Georgia taxable income before exemptions to the total taxable income before exemptions | a<br>\$                  |    |
| 5.              | Line 4 multiplied by ratio on Line 3  |                          | \$ |
| 6.              | Income for computation of credit (Line 1 less Line 5)   |                          | \$ |
| 7.              | Tax at Georgia rates  |                          | \$ |
| 8.              | Tax shown on return(s) filed with other state(s) for income taxe  | ed by Georgia*           | \$ |
| 9.              | Total Tax Credit (Lesser of Line 7 or Line 8) to be entered on L  | ing Og of Form EO1       | \$ |

<sup>\*</sup> The amount entered must be reduced by credits that have been allowed by the other states.