| Georgia Form 501X (Rev. 08/24/16) Amended Fiduciary Income Tax Return 2016 | | 1700 | 904013 | | | Geor Proc PO E | ling Address: gia Department of Revenue essing Center 30x 740316 ita, Georgia 30374-0316 |
|--|--|----------|-----------------|----------|--|----------------------|--|
| | Federal Ame (please attac Amended du | ch copy) | urn Filed | hange in | Trust or Estate Na Fiduciary Address | me | Page 1 Trust is a Qualified Funeral Trust Estate is a Bankruptcy Estate 500 UET Exception Attached |
| A. Federal Employer ID No. Name of Estate or Trust | | | | | | | Date of Creation of Trust |
| B. Date of Decedent's Death Name of Fiduciary | | | | Title c | f Fiduciary | | Telephone No. |
| C. Address of Fiduciary (Number and Street) | | | (Apt., Suite or | Buildin | g Number) | | |
| City | State | Zip Co | de | | Country | | |
| D. If no return was filed last year, state reason | <u> </u> | <u> </u> | | | <u> </u> | | |
| Schedule 1 - Computation of Tax | | | | | | | |
| 1. Income of fiduciary (Adjusted total income t | | | , | | | 1. | |
| 2. Adjustments: (List of all items in Schedule 3 | - | | | | | 2. | |
| 3. Total (Net total of Lines 1 and 2) | | | | | | 3. | |
| 4. Beneficiaries' Share of Income (Total of Sc | | | | | | 4. | |
| 5. Balance (Line 3 less Line 4) | | | | | | 5. | |
| 6. Exemptions: \Box 6a. Trust \$1350 \Box 6b. | Estate \$ | 2700 . | | | | 6. | |
| 7. Net taxable income of fiduciary (Line 5 less | s Line 6) | | | | | 7. | |
| 8. Total tax | | | | | | 8. | |
| 9. Less Credits used 9a. Other states tax cre | dit used | | | | ····· - | 9a. | |
| 9b. Schedule 4 credits u | used | | | | | 9b. | |
| 9c. Total Credits used (| cannot e | exceed | Line 8) | | ····· - | 9c. | |
| 10. Tax less credit (Net total of Line 8 less L | .ine 9, if | 0 or le | ess, enter 0). | | | 10. | |
| 11. Less payments: 11a. Georgia Estimated | l Tax Pa | id | | | ····· | 11a. | |
| 11b. Georgia Tax Withh 11c. Amount paid with payments made af | original | return | n, plus any a | dditio | nal | <u>11b.</u> 11c. | |
| 11d. Total | | | | | | 11d. | |





TAXPAYER'S FEIN

| Schedule 1- Computation of Tax (continued) | | | |
|--|--|--|--------------|
| 12. Previous refund(s), if any, shown on previous retu | rn(s) | 12. | |
| 13. Net (Line 11d minus Line 12) | 13. | | |
| 14. Balance of tax due. If Line 10 exceeds Line 13, e | 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 penalty | | 18. | |
| 19. Late filing penalty | | 19. | |
| 20. Penalty for underpayment of estimated tax (UET) | | 20. | |
| 21. (If you owe) Add Lines 14, 17 thru 20. Make check pay | able to Georgia Department of Rev | renue. 21. | |
| 22. (If you are due a refund) Subtract Lines 16 and 20 fro | m Line 15. This is your refund | 22. | |
| Direct Deposit Options | | | |
| 223 Direct Deposit (For U.S. Accounts Only) Not Type: Checking | outing | | |
| See Instructions in the IT-511 booklet for further details. If you do not select Direct Deposit, a paper check will be issued. Savings Account Number | | | |
| DECLARATION:I/We declare under the penalties of perjury that I/we have exam nowledge and belief, it is true, correct, and complete. If prepared by a person of | ther than the taxpayer, this declaration is base | d on all information of which the preparer has | |
| nowledge Georgia Public Revenue Code Section 48-2-31 stipulates that taxes | shall be baid in lawful money of the United Sta | | |
| nowledge. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes EXPLANATIONS OF CHANGES: Provide an explanation of changes | | its and schedules. | |
| | | ts and schedules. | |
| | | its and schedules. | |
| | | its and schedules. | |
| | | its and schedules. | |
| | | its and schedules. | |
| | below. Attach any supporting documen | PHONE NUMBER | |
| EXPLANATIONS OF CHANGES: Provide an explanation of changes | below. Attach any supporting documen | | |
| EXPLANATIONS OF CHANGES: Provide an explanation of changes | below. Attach any supporting documen | PHONE NUMBER PREPARER'S IDENTIFICATION NUMBE | |
| EXPLANATIONS OF CHANGES: Provide an explanation of changes SIGNATURE OF FIDUCIARY SIGNATURE OF PREPARER OTHER THAN FIDUCIARY | below. Attach any supporting documen | PHONE NUMBER | |

FIDUCIARY EMAIL ADDRESS





TAXPAYER'S FEIN

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

| | Name | | ID N | umber | Share of Income |
|---|---------|--|---------------------------|---------------|-----------------|
| Α | Address | City | State | ZIP | Country |
| | Name | | ID N | umber | Share of Income |
| В | Address | City | State | ZIP | Country |
| | Name | | ID N | lumber | Share of Income |
| С | Address | City | State | ZIP | Country |
| | Enter | r total (Including additional Beneficiaries' | Share of Income from atta | ached schedul | e). |

Schedule 3 - Adjustments to Income

| ADDITIONS | | |
|---|----------|--|
| 1. Municipal bond interest - Other states | | |
| 2. Income tax deduction other than Georgia | 2 | |
| | <u> </u> | |
| 3. Expense allocable to exempt income (Other than U.S. obligations) | | |
| 4. Net operating loss carryover deducted on the Federal return | | |
| 5a. Other | 5a. | |
| 5b. Other | 5b. | |
| TOTAL ADDITIONS | | |





TAXPAYER'S FEIN

CREDIT USAGE AND CARRYOVER

(ROUND TO NEAREST DOLLAR)

SCHEDULE 4

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 2016, please complete a schedule even if the credit is not used in 2016.
- 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 year, the amount must be reduced by any amounts elected to be applied to withholding in 2016 and by any carryovers that have expired.

For the credit generated this 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 | | |
|--|-------------|--------------------------|
| Credit remaining from previous years (do not includ withholding) | | |
| 3. Company Name | | ID Number |
| Credit Certificate # | % of Credit | Credit Generated in 2016 |
| 4. Company Name | | ID Number |
| Credit Certificate # | % of Credit | Credit Generated in 2016 |
| 5. Company Name | | ID Number |
| Credit Certificate # | % of Credit | Credit Generated in 2016 |
| 6. Company Name | | ID Number |
| Credit Certificate # | % of Credit | Credit Generated in 2016 |
| 7. Company Name | | ID Number |
| Credit Certificate # | % of Credit | Credit Generated in 2016 |
| 8. Company Name | | ID Number |
| Credit Certificate # | % of Credit | Credit Generated in 2016 |
| 9. Company Name | | ID Number |
| Credit Certificate # | % of Credit | Credit Generated in 2016 |
| 10. Total available credit for 2016 (sum of Lines 2 thro | bugh 9) 10. | |
| 11. Enter the amount of the credit sold (Conservation | | |
| 12. List the credit allocated to the beneficiaries (See S | | |
| 13. Credit Used in 2016 | | |
| 14. Potential carryover to 2017 (Line 10 less Lines 11 | | |





TAXPAYER'S FEIN

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CREDIT ALLOCATION TO BENEFICIARIES

(ROUND TO NEAREST DOLLAR)

SCHEDULE 5

Credits are apportioned between the fiduciary and their respective beneficiaries on the basis of the income of the fiduciary and the income that is distributed to the beneficiaries. List the details regarding the amounts allocated to the beneficiaries for each credit code. More than than one credit code can be entered on this schedule. However, additional schedules can be attached as needed.

| | Credit Code | Name of Beneficiary | ID Number of Beneficiary | Amount Allocated | Credit Certificate # |
|------------|-------------|---------------------|-----------------------------|---------------------|-------------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
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| 26. | | | | | |
| 27. | | | | | |
| 28. | | | | | |
| 29. 30. | | | | | |
| | | | | | |
| 31. 32. | | | | | |
| 32. | | | | | |
| 33. | | | | | |
| 34. | | | | | |

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>http://dor.georgia.gov</u> or one produced by an approved software company listed at <u>http://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.

— — — — Cut along dotted line — — —

| 525-TV (Rev. 07/15/16) Individual and Fiduciary Payment Voucher | 1752504 | | Individual or Fiduci | ary Name and Address: |
|---|--|------------------|--------------------------|-----------------------|
| Amended Return | Paper Return Elec | tronically Filed | d 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 |

PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.

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

Amount Paid \$



Amended Fiduciary Income Tax Return

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

| rate concate, enter | ing and total | | |
|---------------------|---------------|--------------|---------|
| If the amount | But Not | Amount of | Of |
| on Line 7 is | Over | Tax is | Excess |
| Over | | | Over |
| | \$ 750 | | |
| \$ 750 | \$ 2250 | \$ 7.50+2% | \$ 750 |
| \$ 2250 | \$3750 | \$ 37.50+3% | \$ 2250 |
| \$ 3750 | \$5250 | \$ 82.50+4% | \$ 3750 |
| \$ 5250 | \$7000 | \$ 142.50+5% | \$ 5250 |
| \$7000 | | \$ 230.00+6% | \$ 7000 |
| | | | |

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.

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.

Schedule 2

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

Georgia taxable income of a fiduciary is its Federal income with certain adjustments as 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 Asssociation (FNMA), Government National Mortgage Association (GNMA), Federal Home Loan Mortgage Corporation (FHLMC), and interest derived from repurchase agree ments 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 the entire available Georgia NOL on this line, not just 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.

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, provided in Code Section 48-7-27. List all additions and all subtractions in the appropriate 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 501, 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.

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

| 101 | Employer's Credit for Basic Skills Education |
|-----|--|

102 Employer's Credit for Approved Employee Retraining

Name of Credit

103 Employer's Jobs Tax Credit

Code

- 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 Facilities Property Credit
- **121 Historic Rehabilitation Credit** (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)
- 124 Land Conservation Credit (enclose Form IT-CONSV and DNR certification)
- 125 Qualified Education Expense Credit (enclose Form IT-QEE-SS01 and 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