



2100904117

Georgia Form 501X (Rev. 06/25/20) Amended Fiduciary Income Tax Return

2020 Page 1

Fiscal Year Beginning [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]

Fiscal Year Ending [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]

- Part Year Resident to
Federal Amended Return Filed (please attach copy)
Amended due to IRS Audit
Change in Trust or Estate Name
Change in Fiduciary
Change of Address
Nonresident
Grantor Trust
Trust is a Qualified Funeral Trust
Estate is a Bankruptcy Estate
500 UET Exception Attached

Department Use Only

Form sections A, B, and C: 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 of Fiduciary, Telephone No.; C. Address of Fiduciary (Number and Street), (Apt., Suite or Building Number), City, State, Zip Code, Country.

Schedule 1 - Computation of Tax

Table with 2 columns: Description and Line Number. Rows include: 1. Income of fiduciary, 2. Adjustments, 3. Total (Net total of Lines 1 and 2), 4. Beneficiaries' Share of Income, 5. Balance (Line 3 less Line 4), 6. Exemptions, 7a. Georgia Taxable Income before GA NOL, 7b. Georgia NOL utilized, 7c. Net taxable income of fiduciary, 8. Total tax, 9. Less Credits used, 10. Tax less credit, 11. Less: Georgia Estimated Tax Paid, Georgia Tax Withheld.



2100904127

TAXPAYER'S FEIN \_\_\_\_\_

Schedule 1- Computation of Tax (continued)

11c. Amount paid with original return, plus any additional payments made after it was filed .....	11c.	
11d. Schedule 4B Refundable tax credits (cannot be claimed unless filed electronically)	11d.	
11e. Total (Add Lines 11a, 11b, 11c, and 11d).....	11e.	
12. Previous refund(s), if any, shown on previous return(s).....	12.	
13. Net (Line 11e 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 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 payable to Georgia Department of Revenue.	21.	
22. (If you are due a refund) Subtract Lines 16 thru 20 from Line 15. This is your refund.....	22.	

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

Direct Deposit Options

22a. Direct Deposit (For U.S. Accounts Only) Type: Checking  Routing Number

See Instructions in the IT-511 booklet for further details.  
If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.

Savings  Account Number

DECLARATION: I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge. 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.

EXPLANATION OF CHANGES: Provide an explanation of changes below. Attach any supporting documents and schedules.

\_\_\_\_\_  
SIGNATURE OF FIDUCIARY

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHONE NUMBER

By providing my e-mail address I am authorizing the Georgia Department of Revenue to electronically notify me regarding any updates to my account(s).

\_\_\_\_\_  
FIDUCIARY E-MAIL ADDRESS

Check the box to authorize the Georgia Department of Revenue to discuss the contents of this return with the named preparer.

\_\_\_\_\_  
SIGNATURE OF PREPARER OTHER THAN FIDUCIARY

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PREPARER'S IDENTIFICATION NUMBER

\_\_\_\_\_  
NAME OF PREPARER OTHER THAN FIDUCIARY

\_\_\_\_\_  
PHONE NUMBER

**THE FIDUCIARY MUST ATTACH TO THIS RETURN A COPY OF ITS FEDERAL RETURN AND SUPPORTING SCHEDULES**



2100904137

TAXPAYER'S FEIN \_\_\_\_\_

**Schedule 2 - Adjustments to Income**

ADDITIONS			
1. Municipal bond interest - Other states.....		1.	
2. Income tax deduction other than Georgia.....		2.	
3. Expense allocable to exempt income (Other than U.S. obligations).....		3.	
4. Net operating loss carryover deducted on the Federal return .....		4.	
5. Other <input type="text"/> .....		5.	
6. <b>TOTAL ADDITIONS</b> .....		6.	

SUBTRACTIONS			
7. Interest - U.S. Government Obligations (Must be reduced by direct and indirect interest expense).		7.	
8. Income Tax Refund other than Georgia.....		8.	
9. Reserved		9.	
10. Other <input type="text"/> .....		10.	
11. <b>TOTAL SUBTRACTIONS</b> .....		11.	
12. <b>NET ADJUSTMENT:</b> Total additions less total subtractions. (Enter also on Line 2, Schedule 1).....		12.	

**Schedule 3 - Beneficiaries' Share of Income** (For each Beneficiary complete Name, Address, City, State, ZIP, Country, ID Number and Share of Income)

<b>A</b>	Name		ID Number		Share of Income
	Address				
	City		State	ZIP	Country
<b>B</b>	Name		ID Number		Share of Income
	Address				
	City		State	ZIP	Country
<b>C</b>	Name		ID Number		Share of Income
	Address				
	City		State	ZIP	Country
<b>D</b>	<b>Enter total</b> (Including additional Beneficiaries' Share of Income from attached schedule)				



2100904147

TAXPAYER'S FEIN

Page 4

Schedule 4- Credit Usage and Carryover

(ROUND TO NEAREST DOLLAR)

TO CLAIM  
SCHEDULE 4 TAX  
CREDITS YOU  
MUST FILE  
ELECTRONICALLY



TO CLAIM  
SCHEDULE 4 TAX  
CREDITS YOU  
MUST FILE  
ELECTRONICALLY



2100904167

TAXPAYER'S FEIN

Schedule 5- Credit Allocation to Beneficiaries

(ROUND TO NEAREST DOLLAR)

TO CLAIM

SCHEDULE 4 TAX

CREDITS YOU

MUST FILE

ELECTRONICALLY