

# Georgia Form 600 (Rev. 07/23/24) Page 1 Corporation Tax Return (Approved web2 version) Georgia Department of Revenue 2024 Income Tax Return

Beginning				
Ending				
2025 Net Worth Tax Return  Beginning  Ending	Worth Name Change Return Final (attach explanation	Consolida Return GA Conso	ng Consolidated Ited GA Parent olidated Subsidi Ited Parent FEIN	Exception attached  IT-552 attached  ary Extension attached
A. Federal Employer ID Number B. Name	e (Corporate title) Please give form	mer name if applic	able.	
C. GA Withholding Tax Account Number D. Busir	ness Address (Number and Street	)		
E. GA Sales Tax Registration Number F. City	or Town	G. State	H. Zip Code	I. Foreign Country Name
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(5)
J. NAICS Code K. Date of Incorporation	L. State of Incorporation M. Da	ate admitted into G	SA N. Typ	oe of Business
O. Location of Records for Audit: City State	Country		P. Corporation	n's Telephone Number
Q. Latest taxable year adjusted by IRS	R. And when reported to Georgia	S Corpora	tion Represent	ative's Telephone Number
Q. Latest taxable year adjusted by IIVO	1.7 tha whom reported to Goorgia	О. Обгрога	пон пергезен	ative 3 Telephone Number
T. Comparation Depresentative la Name	III Oan antian I	2		
T. Corporation Representative's Name	U. Corporation F	Representative's E	maii Address	
COMPUTATION OF GEORGIA TAXABLE INCOME A	AND TAX (ROUND TO	NEAREST DOLLA	AR)	SCHEDULE 1
<ol> <li>Federal Taxable Income (Copy of Federal retu</li> <li>Additions to Federal Income (from Schedule</li> </ol>		,		
3. Total (add Lines 1 and 2)	*			
4. Subtractions from Federal Income (from So	chedule 5)		4.	
5. Balance (Line 3 less Line 4)				
<ol> <li>Georgia Net Operating loss deduction (fron</li> <li>Georgia Taxable Income (Line 5 less Line</li> </ol>			· 1 1	
8. Passive Loss/Capital Loss Deduction (attacl	h Schedule); See IT-611 instru	uctions	8.	
9. Georgia Taxable Income after Passive Loss				
10. Income Tax (Line 9 x 5.39%)			[10.]	
COMPUTATION OF NET WORTH TAX	(ROUND TO NE)	AREST DOLLAR)		SCHEDULE 2
Total Capital stock issued			1.	
2. Paid in or Capital surplus				
3. Total Retained earnings4. Net Worth (Total of Lines 1, 2, and 3)				
5. Ratio (GA. and Dom. For. Corp100%) (Foreign			. 7.	
6. Net Worth Taxable by Georgia (Line 4 x Line			6.	
7. Net Worth Tax (from table in instructions)			. 7.	

(Corporation) Name



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COMPUTATION OF TAX DUE OR OVERPAYMENT	(ROUND TO NEA	AREST DOLLAR)	SCHEDULE 3
	A. Income Tax	B. Net Worth Tax	C. Total
1. Total Tax (Schedule 1, Line 10 and Schedule 2, Line 7)			1.
Credits and payments of estimated tax			2.
Schedule 10* Credits (must be filed electronically)			3.
4. Withholding Credits (G2-A, G2-LP, and/or G2-RP)			4.
Schedule 10B Refundable tax credits (must be filed electronically)			5.
6. Balance of tax due (Line 1, less Lines 2, 3, 4, and 5)			6.
7. Amount of overpayment (Lines 2, 3, 4, and 5 less Line 1)			7.
8. Interest due (See Instructions)			8.
9. Form 600 UET (Estimated tax penalty)			9.
10. Other penalty due (See Instructions)		1	0.
11. Amount Due (See Instructions)		1	1.
12. Amount to be credited to 2025 estimated tax (Line 7 less Lines 8-10)		Refund 1	2.
*NOTE: Any tax credits from Schedule 10 may be appli	ed against income	e tax liability only. r	ot net worth tax liability.
SEE PAGE 3 SIGNATURE SEC	-		-
ADDITIONS TO FEDERAL TAXABLE INCOME	(ROUND TO NEAR		SCHEDULE 4
State and municipal bond interest (other than Georgia or politic		·	
2. Net income or net profits taxes imposed by taxing jurisdictions			
3. Expense attributable to tax exempt income			
4. Net operating loss deducted on Federal return			
5. Reserved			
6. Intangible expenses and related interest cost			
7. Captive REIT expenses and costs		_	
8. Other Additions (Attach Schedule)			
9. TOTAL - Enter also on Line 2, Schedule 1		<u>9</u>	.
SUBTRACTIONS FROM FEDERAL TAXABLE INCOME	(ROUND TO NEAR	EST DOLLAR)	SCHEDULE 5
Interest on obligations of United States (must be reduced by d	irect and indirect in	nterest expense) 1	
Exception to intangible expenses and related interest cost (Att			
Exception to captive REIT expenses and costs (Attach IT-REIT)			
Other Subtractions (Must Attach Schedule)			
TOTAL - Enter also on Line 4, Schedule 1			
APPORTIONMENT OF INCOME			SCHEDULE 6
A. V	VITHIN GEORGIA	B. EVERYWHERE	C. DO NOT ROUND COL (A) / COL (B) COMPUTE TO SIX DECIMALS
1. Gross receipts from business			
Georgia Ratio (Divide Column A by Column B)			
,	DUND TO NEAREST	,	SCHEDULE 7
1. Net business income (Schedule 1, Line 5)		1	
2. Income allocated everywhere (Must Attach Schedule)			
3. Business income subject to apportionment (Line 1 less Line 2)		3	
4. Georgia Ratio (Schedule 6, Column C)			
5. Net business income apportioned to Georgia (Line 3 x Line 4).		5	
6. Net income allocated to Georgia (Attach Schedule)		6	
7. Total of Lines 5 and 6		7	
8. Less: Net operating loss apportioned to GA (from Schedule 9,	see IT-611 80% instru	uctions) <u>8</u>	
9. Georgia taxable income (Enter also on Schedule 1, Line 7)	9		



(Corporation) Name	FEIN				
COMPUTATION OF GEORGIA NET WORTH RATIO		(TO BE USED BY FOR	EIGN CORPS ONLY)	SCHEDULE 8	
		A. WITHIN GEORGIA	B. TOTAL EVERYWHERE	C. GA Ratio (A/B) DO NOT ROUND COMPUTE TO SIX DECIMALS	
1. Total value of property owned (Total assets from Federal balance sheet)					
2. Gross receipts from business	2.				
Totals (Line 1 plus Line 2)      Georgia Ratio (Divide Line 3A by 3B)					
A copy of the Federal Return and supporting Schedules must be a unless a copy of the request for a Federal extension or Form IT-303			<u>o extension of time for</u>	r filing will be allowed	
Make check payable to: Georgia Department of Revenue Mail to: Georgia Department of Revenue, Processing Center	, PC	) Box 740397, Atlanta,	Georgia 30374-0397	7	
DIRECT DEPOSIT OPTIONS					
A. Direct Deposit (For U.S. Accounts Only) See booklet for further inst	ructio	ns. If Direct Deposit is	not selected, a paper o	check will be issued.	
Type: Checking Savings Routin Number	g r				
Accour Numbe					
<b>Declaration:</b> I/We declare under the penalties of perjury that I/we have ethe best of my/our knowledge and belief, it is true, correct, and complete information of which the preparer has knowledge.					
By providing my e-mail address I am authorizing the Georgia Department o my account(s).	f Reve	enue to electronically notify n	ne at the below e-mail addr	ress regarding any updates	
Taxpayer's E-mail Address:					
Check the box to authorize the Georgia Department of Re	venu	e to discuss the conter	nts of this tax return w	vith the named prepare	
SIGNATURE OF OFFICER	SIGN	ATURE OF INDIVIDUAL OR	FIRM PREPARING THE F	RETURN	
TITLE	FIRM	PREPARING THE RETURN	1		
DATE	PREF	'ARER'S PHONE NUMBER			
	PREF	'ARER'S FEIN/SSN/PTIN			



(Corporation) Name_				FEIN	
GA NOL Carry For	ward Worksheet	(ROUND TO NEAREST DOLLAR) SCHEDULE 9			
Current Year NO (Only select one ty		rmal NOL	Farm Loss	Insurance Loss	
А	В	С	D	E	F
Loss Year	Loss Amount	Income Year	NOL Utilized	Balance	Remaining NOL
1.					
2.					
3.					
<u>4.</u> 5.					
6.					
7.					
8.					
9.					
10.					
11. 12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
1. NOL Carry Fo	orward Available to Cu	ırrent Year			
2. Current Year	Income/(Loss) (Sched	dule 1, Line 5 or Sch	edule 7, Line 7)		
3. NOL from Tax	kable Years Beginning	g before 1/1/2018 Ap	pplied to Current Year		
	kable Years Beginning			/ear	
	ed 80% of Line 2, see		,		
5. Total NOL app	oliedand 4, Enter on Scheo	dule 1. Line 6 or Sch	 nedule 7   ine 8)*		
,	rward Available to Ne	· · · · · · · · · · · · · · · · · · ·			
	ne 5 plus any loss am				

### **INSTRUCTIONS**

Column A: List the loss year(s).

Column B: List the loss amount for the tax year listed in Column A.

Columns C & D: List the years in which the losses were utilized and the amount utilized each year.

Column E: List the balance of the NOL after each year has been applied. (Column B less Column D).

**Column F:** List the remaining NOL applicable to each loss year.

Total the remaining NOL (Col. F) and enter in the space at the bottom of the worksheet for "NOL Carry Forward Available to Current Year". Then insert "Current Year Income/(Loss)" in the space provided and compute the remainder of the schedule. Create additional copies as needed. See example worksheet in IT-611 instructions.

<sup>\*</sup> Cannot Exceed the Current Year Income Reported on Line 2.

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(ROUND TO NEAREST DOLLAR)

(Corporation) Name	FEIN	

## **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 tax booklet 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 of tax.

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**SCHEDULE 10** 

- 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 the 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, and Credit Certificate number if applicable. Purchased credits and credits received from an assignment should also be included. If the credit originated with this taxpayer, enter this taxpayer's name and ID# below.

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 #	Credit Generated
	this Tax Year
4. Company Name	ID Number
Credit Certificate #	Credit Generated
	this Tax Year
5. Company Name	ID Number
Credit Certificate #	Credit Generated
	this Tax Year
6. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
7. Company Name	ID Number
Credit Certificate #	Credit Generated
	this Tax Year ID Number
8. Company Name	ID Number
0 1/4 04/64- 11	Credit Generated
Credit Certificate #	this Tax Year
9. Company Name	ID Number
9. Company Mame	TO TRUMBE
Credit Certificate #	Credit Generated
Credit Certificate #	this Tax Year
10. Total available credit for this tax year (sum of Lines 2 through 9)	10.
11. Enter the amount assigned to affiliated entities (see Schedule 11)	11.
12. Enter the amount assigned to anniated entities (see Schedule 11)  12. Enter the amount of the credit sold (only certain credits can be sold; see instructions)	12.
13. Credit used for this tax year (enter here and on Schedule 3, Line 3)	13.
· · · · · · · · · · · · · · · · · · ·	14.
14. Potential carryover to next tax year (Line 10 less Lines 11,12, and 13)	14.

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# Page 6 SCHEDULE 10B



(ROUND TO NEAREST DOLLAR)

LECTRONICAL

**SCHEDULE 10B** 

(Corporation) Name	FEIN	

# REFUNDABLE TAX CREDITS 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 tax booklet for a list of credit codes.
- 5. See the relevant forms, statutes, and regulations to determine how the credit is allocated to the owners and, to determine when carry-overs expire.
- 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 the 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, and Credit Certificate number if applicable. Purchased credits and credits received from an assignment should also be included. If the credit originated with this taxpayer, enter this taxpayer's name and ID# below.

Note: A purchased Timber Tax Credit is not a refundable tax credit. Use Schedule 10 if the Timber Tax Credit was purchased.

1. Credit Code	
<ol><li>Credit remaining from previous years (do not include amounts elected to be applied to withholding)</li></ol>	
3. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
4. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
5. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
6. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
7. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
8. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
9. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
10. Total available credit for this tax year (sum of Lines 2 through 9)	10.
11. Enter the amount assigned to affiliated entities (see Schedule 11)	11.
12. Enter the amount of the credit sold (only certain credits can be sold; see instructions)	12.
13. Credit used for this tax year (enter here and on Schedule 3, Line 5)	13.
14. Potential carryover to next tax year (Line 10 less Lines 11,12, and 13)	14.

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(Corporation) Name		FEIN
ASSIGNED TAX CREDITS	ROUND TO NEAREST DOLLAR)	SCHEDULE 11

Georgia Code Section 48-7-42 provides that in lieu of claiming any Georgia income tax credit for which a taxpayer otherwise is eligible for the taxable year, the taxpayer may elect to assign credits in whole or in part to one or more "affiliated entities". The term "affiliated entities" is defined as:

- 1) A corporation that is a member of the taxpayer's affiliated group within the meaning of Section 1504(a) of the Internal Revenue Code; or
- 2) An entity affiliated with a corporation, business, partnership, or limited liability company taxpayer, which entity:
  - (a) Owns or leases the land on which a project is constructed;
  - (b) Provides capital for construction of the project; and
  - (c) Is the grantor or owner under a management agreement with a managing company for the project.

No carryover attributable to the unused portion of any previously claimed or assigned credit may be assigned or reassigned, except if the assignor and the recipient of an assigned tax credit cease to be affiliated entities, then any carryover attributable to the unused portion of the credit is transferred back to the assignor of the credit. The assignor is permitted to use any such carryover and also shall be permitted to assign the carryover to one or more affiliated entities, as if such carryover were an income tax credit for which the assignor became eligible in the taxable year in which the carryover was transferred back to the assignor. In the case of any credit that must be claimed in installments in more than one taxable year, the election under this subsection may be made on an annual basis with respect to each such installment. For additional information, please refer to Georgia Code Section 48-7-42.

If the corporation filing this return is assigning tax credits to other affiliates, please provide detail below specifying where the tax credits are being assigned.

# All assignments of credits must be made before the statutory due date of the return (including extensions) per O.C.G.A. § 48-7-42 (b).

	Credit Code	Corporation Name	FEIN		Amount of Credit	Credit Certificate # (if applicable )
1.				1.		
2.				2.		
3.				3.		
4.				4.		
5.				5.		
6.				6.		
7.				7.		
8.				8.		



(Corporation) Name_	FEIN	
_		

#### MEMBERS TO BE INCLUDED IN THE GEORGIA CONSOLIDATED GROUP

**SCHEDULE 12** 

All members (Parent and Subsidiaries) included in the Georgia consolidated group must be listed.

**Column A:** Enter the Georgia Parent corporation on Line 1. List the subsidiary members included in the consolidated group on the remaining lines. If you have more than 25 group members, attach additional Schedule 12(s).

Column B: Enter the Federal Employer Identification Number (FEIN) for each member in the consolidated group.

Column C: Enter the Net Worth tax amount listed on Schedule 2, Line 7 for each member in the Georgia group, including the Parent corporation.

Line 26: Enter the total Net Worth tax from all additional Schedule 12(s).

Line 27: Add lines 1 through 26. Enter the total Net Worth Tax and enter this amount on Schedule 3, Line 1B.

	A Name of Member	B FEIN	C Net Worth Tax
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.	Enter total Net Worth Tax from all Additional Schedule 1		
27.	Total Net Worth Tax, add lines 1 through 26.		
	Total Net Worth Tax, add lines 1 through 26. (Enter on Schedule 3, Line 1B)27.		