2601704114

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

9 8 7 6 5 4 3 2 1 0

Georgia Form 700 (Rev. 09/11/25) **Page 1**

Partnership Tax Return (Approved web2 version)

Georgia Department of Revenue

2025

Income Tax Return **Beginning** _____

Ending _____

☐ Original Return ☐ Amended Return ☐ Amended Due to IRS Audit ☐ Name Change ☐ Address Change ☐ Final Return ☐ Composite Return Filed ☐ Extension

☐ Partnership elects to pay the tax at the entity level ☐ UET Annualization Exception attached

A. Federal Employer ID No.	B. Name	C. Location of Records for Audit (City, State & Country)

D. GA Withholding Tax Number		E. Street Address	F. Country	G. Telephone Number
Payroll WH Number	Nonresident WH Number			

H. GA Sales Tax Reg. No.	I. City or Town	J. State	K. Zip Code

L. NAICS Code	M. Type of Business	N. Date began doing business in GA	O. Accounting Method
			☐ CASH ☐ ACCRUAL ☐ OTHER

P. Latest taxable year adjusted by the IRS	Q. Total Number of K-1s	R. Do you have Nonresident Partners?	S. Total Number of Nonresident K-1s	T. Amount of Nonresident Withholding paid for tax year by the partnership
		☐ Yes or ☐ No		

U. State Partnership Representative if different than Federal	V. State Partnership Representative's Telephone Number	W. State Partnership Representative's Email Address

COMPUTATION OF GEORGIA TAXABLE INCOME AND TAX (ROUND TO NEAREST DOLLAR) **SCHEDULE 1**

1.	Georgia Net Income (from Schedule 2, Line 7)	1.
2.	Additional Georgia Taxable Income (See instructions)	2.
3.	Total Income (Add Lines 1 and 2)	3.
4.	Georgia Net Operating Loss Deduction (from Schedule 9; See IT-711 instructions for 80% limitation)	4.
5.	Passive Loss/Capital Loss Deduction (attach Schedule; See instructions)	5.
6.	Total Georgia Taxable Income (Line 3 less Lines 4 and 5)	6.
7.	Income Tax (5.19% x Line 6)	7.

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(Partnership) Name _____ FEIN _____

COMPUTATION OF GEORGIA NET INCOME (ROUND TO NEAREST DOLLAR) **SCHEDULE 2**

1.	Total Income for Georgia purposes (Line 12, Schedule 8)	1.
2.	Income allocated everywhere (Attach Schedule)	2.
3.	Business income subject to apportionment (Line 1 less Line 2)	3.
4.	Georgia ratio (Schedule 7, Column C)	4.
5.	Net business income apportioned to Georgia (Line 3 x Line 4)	5.
6.	Net income allocated to Georgia (Attach Schedule)	6.
7.	Georgia Net Income (Add Line 5 and Line 6)	7.

COMPUTATION OF TAX DUE OR OVERPAYMENT (ROUND TO NEAREST DOLLAR) **SCHEDULE 3**

1.	Total Tax (Schedule 1, Line 7)	1.
2.	Credits and payments of estimated tax	2.
3.	Credits used from Schedule 10 (must be filed electronically)	3.
4.	Withholding Credits (G2-A, G2-LP and/or G2-RP)	4.
5.	Schedule 10B Refundable Tax Credits (must be filed electronically)	5.
6.	Balance of tax due (Line 1 less Lines 2, 3, 4, and 5; if zero or less enter zero)	6.
7.	Amount of overpayment (Lines 2, 3, 4 and 5 less Line 1)	7.
8.	Interest due	8.
9.	Form 600UET (Estimated tax penalty)	9.
10.	Other penalties due (See instructions)	10.
11.	Amount Due (See instructions)	11.
12.	Amount to be credited to 2026 estimated tax	12.
13.	If you are due a refund (Line 7 less Lines 8, 9, 10 and 12)	13.

Copy of the Federal Return and supporting Schedules must be attached if filing by paper. Otherwise this return shall be deemed incomplete.

Make check payable to: Georgia Department of Revenue

MAIL TO: Georgia Department of Revenue, Processing Center, PO Box 740315, Atlanta, Georgia 30374-0315

DIRECT DEPOSIT OPTIONS

A. Direct Deposit (For U.S. Accounts Only) See booklet for further instructions. **If Direct Deposit is not selected, a paper check will be issued.**

Type: Checking ☐ **Savings** ☐

Routing Number ☐☐☐☐☐☐☐☐☐

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.

Signature of Partner (Must be signed by partner)

Signature of Preparer other than partner

By providing my e-mail address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my accounts.

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

E-mail Address

Preparer's Firm Name

Date

Preparer's Phone Number

Preparer's FEIN/SSN/PTIN Date

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(Partnership) Name _____ FEIN _____

INCOME TO PARTNERS (ROUND TO NEAREST DOLLAR) **SCHEDULE 4**

		(1.) Name (2.) Street and Number (3.) City, State, Zip and Country (if Foreign) (4.) ID Number	Profit (Loss) Sharing %	Georgia Source Income
A	1.		5.	6.
	2.			
	3.			
	4.			
B	1.		5.	6.
	2.			
	3.			
	4.			
C	1.		5.	6.
	2.			
	3.			
	4.			
D	1.		5.	6.
	2.			
	3.			
	4.			
E	1.		5.	6.
	2.			
	3.			
	4.			
TOTAL				

ADDITIONS TO FEDERAL TAXABLE INCOME (ROUND TO NEAREST DOLLAR) **SCHEDULE 5**

1.	State and municipal bond interest other than Georgia or political subdivision thereof	1.
2.	Net income or net profits taxes imposed by taxing jurisdictions other than Georgia	2.
3.	Expenses attributable to tax exempt income	3.
4.	Reserved.....	4.
5.	Intangible expenses and related interest costs	5.
6.	Captive REIT expenses and costs	6.
7.	Other additions (Attach Schedule)	7.
8.	Total (Add Lines 1 through 7) enter here and on Line 9, Schedule 8.....	8.

SUBTRACTIONS FROM FEDERAL TAXABLE INCOME (ROUND TO NEAREST DOLLAR) **SCHEDULE 6**

1.	Interest on obligations of United States (must be reduced by direct and indirect interest expenses)	1.
2.	Exception to intangible expenses and related interest cost (Attach IT-Addback).....	2.
3.	Exception to captive REIT expenses and costs (Attach IT-REIT).....	3.
4.	Other subtractions (Attach Schedule)	4.
5.	Total (Add Lines 1 through 4) enter here and on Line 11, Schedule 8.....	5.

APPORTIONMENT OF INCOME (ROUND TO NEAREST DOLLAR) **SCHEDULE 7**

	A. WITHIN GEORGIA	**B. EVERYWHERE**	**C. DO NOT ROUND COL (A)/ COL (B) COMPUTE TO SIX DECIMALS**
1. Gross receipts from business			
2. Georgia Ratio (Divide Column A by Column B).....			

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(Partnership) Name _____ FEIN _____

COMPUTATION OF TOTAL INCOME FOR GEORGIA PURPOSES (ROUND TO NEAREST DOLLAR) **SCHEDULE 8**

1. Ordinary income (loss)			1.	
2. Net income (loss) from rental real estate activities			2.	
3. a. Gross income from other rental activities	3a.			
b. Less expenses (attach schedule)	3b.			
c. Net income (loss) from other rental activities (Line 3a less Line 3b)			3c.	
4. Portfolio income (loss): a. Interest Income			4a.	
b. Dividend Income			4b.	
c. Royalty Income			4c.	
d. Net short-term capital gain (loss)			4d.	
e. Net long-term capital gain (loss)			4e.	
f. Other portfolio income (loss)			4f.	
5. Guaranteed payments to partners			5.	
6. Net gain (loss) under Section 1231			6.	
7. Other Income (loss)			7.	
8. Total Federal income (add Lines 1 through 7)			8.	
9. Additions to Federal income (Schedule 5, Line 8)			9.	
10. Total (add Lines 8 and 9)			10.	
11. Subtractions from Federal income (Schedule 6, Line 5)			11.	
12. Total income for Georgia purposes (Line 10 less Line 11)			12.	

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Georgia Form **700/2025**

700 NOL and Credit Schedules
Page 5

(Partnership) Name _____ FEIN _____

GA NOL Carry Forward Worksheet (ROUND TO NEAREST DOLLAR) **SCHEDULE 9**

Current Year NOL Type:
(Only select one type of loss) ☐ Normal Loss ☐ Farm Loss ☐ Insurance Loss

A Loss Year	B Loss Amount	C Income Year	D NOL Utilized	E Balance	F Remaining NOL
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

1. NOL Carry Forward Available to Current Year.....	
2. Current Year Income/(Loss) (Schedule 1, Line 3).....	
3. NOL from Taxable Years Beginning on or after 1/1/2018 Applied to Current Year (Cannot exceed 80% of Line 2, see instructions for more information) (Enter on Schedule 1, Line 4).....	
4.NOL Carry Forward Available to Next Year (Line 1 less Line 3 plus any loss amount on Line 2).	

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-711 instructions.

CREDITS MUST BE FILED ELECTRONICALLY

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(Partnership) Name _____ FEIN _____

CREDIT USAGE AND CARRYOVER (ROUND TO NEAREST DOLLAR) **SCHEDULE 10**

1. **Complete a separate schedule for each Credit Code.**
2. See the tax booklet for a list of credit codes.
3. 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.
4. If the credit for a particular credit code originated with more than one person or company, enter separate information on Lines 2 through 8 below.
5. 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.
6. Before the Line 15 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 should also be included. If the credit originated with this taxpayer, enter this taxpayer's name and ID# below.

1. Credit Code		
2. Company Name	ID Number	
Credit Certificate #	Credit Generated this Tax Year	
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. Total available credit for this tax year (sum of Lines 2 through 8)	9.	
10. Enter the amount of credit sold (only certain credits can be sold; see instructions)	10.	
11. Total allocated to owners on Schedule 11	11.	
12. Credit used on Form IT-CR	12.	
13. Credits eligible to be sold that were not sold or allocated to partners from previous years (do not include amounts elected to be applied to withholding)	13.	
14. Credits used on Schedule 3 Line 3	14.	
15. Potential carryover to next tax year (Line 9 less Lines 10, 11, 12, 14 plus Line 13)	15.	

CREDITS MUST BE FILED ELECTRONICALLY

CREDITS MUST BE FILED ELECTRONICALLY

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(Partnership) Name _____ FEIN _____

REFUNDABLE TAX CREDITS (ROUND TO NEAREST DOLLAR) **SCHEDULE 10B**

1. **Complete a separate schedule for each Credit Code.**
2. See the tax booklet for a list of credit codes.
3. 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.
4. If the credit for a particular credit code originated with more than one person or company, enter separate information on Lines 2 through 8 below.
5. 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.
6. Before the Line 15 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 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		
2. Company Name	ID Number	
Credit Certificate #	Credit Generated this Tax Year	
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. Total available credit for this tax year (sum of Lines 2 through 8)	9.	
10. Enter the amount of credit sold (only certain credits can be sold; see instructions)	10.	
11. Total allocated to owners on Schedule 11	11.	
12. Credit used on Form IT-CR	12.	
13. Credits eligible to be sold that were not sold or allocated to partners from previous years (do not include amounts elected to be applied to withholding)	13.	
14. Credits used on Schedule 3 Line 5	14.	
15. Potential carryover to next tax year (Line 9 less Lines 10, 11, 12, 14 plus Line 13)	15.	

CREDITS MUST BE FILED ELECTRONICALLY

CREDITS MUST BE FILED ELECTRONICALLY

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(Partnership) Name _____ FEIN_____

CREDIT ALLOCATION TO OWNERS (ROUND TO NEAREST DOLLAR) **SCHEDULE 11**

List the details regarding the amounts allocated to the owners for each credit code. More than one credit code can be entered on this schedule.

	Credit Code	Name of Owner	ID Number of Owner	Amount Allocated	Credit Certificate #
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
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34.					

CREDITS MUST BE FILED ELECTRONICALLY