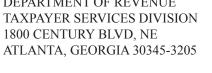
STATE OF GEORGIA DEPARTMENT OF REVENUE TAXPAYER SERVICES DIVISION 1800 CENTURY BLVD, NE







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GEORGIA INCOME TAX FORM IT-CR

GEORGIA NONRESIDENT COMPOSITE TAX RETURN

Bart L. Graham **Revenue Commissioner**

MAILING ADDRESS Georgia Department of Revenue **Processing Center** P.O. Box 740320 Atlanta, Georgia 30374-0320

GENERAL INSTRUCTIONS

As an alternative to withholding on nonresident partners, shareholders or members, the Partnership, S Corporation or Limited Liability Company may file a composite return. Permission is not required. Only nonresidents who are not otherwise required to file a return may be included in the computation. However, an individual (a natural person) shall be allowed to be included on a composite return even if he/she is otherwise required to file a return provided he/she uses option 3. You must create your own schedule for the computation of the tax using the options described on the reverse side of Form IT-CR. Your schedule must also list any nonresident partner(s) or shareholder(s) not included in the computation along with their identification number(s).

Due Dates: All due dates for composite returns, estimated tax and extensions are the same as those for individual filers unless the entity is a fiscal year filer. A fiscal year entity should file its return within 3 ½ months of the fiscal year end.

Amended Returns: Amended composite returns must be filed during the same period as individual returns. Use Form IT-CR and plainly mark "Amended Return" at the top.

Electing option 1, 2 or 3: Individuals may elect one of the three options on a member-by-member basis. These options are described on the reverse side of the return. Once the return is filed the election cannot be changed. The election of option 1, 2 or 3 is made each year. Options 1-3 do not allow for any adjustments to income such as self employed health insurance, Keogh, SEP or any other adjustments normally allowed in computing adjusted gross income. For corporations, partnerships, trusts and estates, please see the instructions on the back of Form IT-CR.

Extensions: Georgia honors a six-month Federal extension when the Georgia return is filed along with the Federal approval form on or before the extended Federal due date. If it is not necessary to request a Federal extension, use Form IT-303 to request an extension to file the Georgia return. **Any tax due should be paid on Form CR-ES by the satutory due date of the return.**

Business Credits

Information about business tax credits is available at http://www.dor.ga.gov/inctax/info_taxcredits.aspx For additional information about business credits, please call (404) 417-2400

PENALTIES AND INTEREST

- A. Late filing of return-5% of the tax shown on the return for each month or fractional part thereof-up to 25%.
- B. 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%. Note: The combined total of the penalty for late filing of return and penalty for failure to pay tax shown on a return cannot exceed 25% of the tax shown on a return.
- C. Negligent underpayment of tax-5% of the underpayment.
- D. Fraudulent underpayment-50% thereof.
- E. Failure to file estimated tax-9% per annum for the period of underpayment. Form 500 UET is available upon request for computation of underestimated installments.
- F. Interest is computed at 1% per month on any unpaid tax from the due date until paid. An extension of time for filing does not give relief of late payment penalty or interest.

Forms: Additional forms may be obtained by calling (404) 417-6011 or by downloading them from our website at www.dor.ga.gov

PLEASE DO NOT mail this entire page. Cut along dotted line and mail only coupon and payment DO NOT STAPLE. PLEASE REMOVE ALL CHECK STUBS

Cut along dotted line -**CR ES** (Rev. 1/09) MAIL TO: **Composite Return Estimated Tax** Georgia Department of Revenue Telephone No. (404) 417-2300 **Processing Center** P.O. Box 740317 2009 Atlanta, GA 30374-0317 Name Change Address Change Tax Year Change FEI Number Tax Year Ending Due Date Qtr Vendor Code 040 NAME AND ADDRESS I declare under the penalties of perjury that this information has been examined by me and to the best of my knowledge and belief is true and correct. 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. Signature Title Date Telephone **Amount Paid** PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS

Georgia Form IT CR (Rev. 11/08) Georgia Norresident

Over \$2,500.....but not over.....\$3,500

Over \$3,500.....but not over.....\$5,000

Over \$5,000.....

Composite Tax Return Partners and Shareholders



Mailing Address
Georgia Department of Revenue Processing Center P.O. Box 740320 Atlanta, Georgia 30374-0320

CODE SECTION 48-2-31 STIPU-

LATES THAT TAXES SHALL BE

PAID IN LAWFUL MONEY OF THE

UNITED STATES, FREE OF ANY EXPENSE TO THE STATE OF

GEORGIA.

| 2008 | Tax Year Beginn | ing | Ending | | Change of Address | Dept Use Only |
|-------------|--------------------------|-----------------------------|--------------------|--------------------------|--|--|
| A. Federa | al Employer I.D. No. | Name (Type or prin | t plainly exact co | orporate, partnership or | r limited liability company ti | tle) Location of books for audit |
| | | Business Address (| Number and St | reet) | | Telephone Number |
| B. GA Wi | ithholding Tax Number | City or Town | | County | State | Zip Code |
| Total Nur | mber of NonNonresider | l its | | Number of Nonresi | dents included in this retu | m |
| COMPU | TATION OF TAX ON G | EORGIA TAXABLE I | NCOME | (ROUI | ND TO NEAREST DOLLA | R) SCHEDULE 1 |
| 1 Tay | from your schodulo (A | ttachod) | | | 1 | |
| 1 | | | | | | I |
| | | | | | ed)2 | |
| | | , | | | 3 | |
| 4. Bala | ance (Line 1 less Lines | 2 and 3) If zero or le | ess than zero, e | nter zero | 4 | ł. <u> </u> |
| 5. Les | s: Payments of estimat | ed tax and other payı | ments | | E | 5. |
| 6. If Li | ine 5 exceeds Line 4. e | nter overpayment am | ount | | 6 | j. |
| | | | | | | |
| | | | | | | |
| | • | , | | | | |
| | ` | , | | | 9 | |
| 10. Add | d Lines 7, 8 and 9 (Bala | nce due) | | | 10 |). |
| 11. Am | ount of Line 6 to be cre | dited to estimated tax | · | | 11 | l |
| 12. Am | ount of Line 6 to be RE | FUNDED | | | 12 | 2. |
| Signatur | re of Officer, Partne | er or Accountant | Signa | ature of Individual o | or Firm Preparing Ref | the Georgia Department of Revenue to discuss the contents of this tax return |
| Title | | Date | Iden | tification or Social | Security Number | with the preparer of this tax return. |
| | ATE SCHEDUL | ES SING | LE PERSON | | | Using option 1, 2 or 3 attach a |
| the amo | | | Amount of Ta | | | schedule reflecting the total |
| | \$750but | | | le Income | \$750 amount over | individual tax. |
| | 50but | | | | amount over\$2,250 | You must attach a schedule |
| | 50but | | | | amount over\$3,750 | reflecting the computation of the |
| | 50but | | | | amount over\$5,250 | total tax due on a member-by member basis. |
| Over \$7,0 | 00 | | | | amount over\$7,000 | |
| | MARRIED P | FRSONS FILING A I | OINT RETURN | AND HEAD OF HOUS | SEHOLD | Mail Return To: |
| If the amou | | EROONO I IEMO AO | Amount of Ta | | ZENOED | Georgia Department of Revenue |
| | \$1,000 | | 1% of Taxab | ole Income | | P.O. Box 740320 |
| | 000but | | | • | amount over\$1,000 | Atlanta, GA 30374-0320. |
| | 00but ı | | | • | amount over\$3,000 | |
| | 00but ı | | | | amount over\$5,000 amount over\$7,000 | Note: Check the box on the |
| | 00but ı | | | | amount over\$10,000 | Partnership or S Corporation |
| Over \$10, | 000 | | ψο 10.00 | pido 070 01 0 | φ10,000 | return when filed that indicates a nonresident composite return is |
| | MA | RRIED PERSONS FI | LING A SEPAR | ATE RETURN | | being filed for the nonresiden |
| If the amou | | | Amount of Ta | | | partners/shareholders. |
| | \$500 | | | le Income | | - |
| | 0but 00but | | | | amount over\$500 | GEORGIA PUBLIC REVENUE |
| Over \$1,50 | | ιοι ον ε ιφ∠,500 | φ ∠ე.∪∪ | บเนร 3% 0โ | amount over\$1,500 | OF OLVOIN I OPPIO UF A FIAOF |

\$ 55.00.....plus 4% of amount over.....\$2,500

\$ 95.00.....plus 5% of amount over.....\$3,500

\$170.00.....plus 6% of amount over.....\$5,000

INSTRUCTIONS

For individuals, there are three options in which a composite return may be filed. No other options or alternatives are allowed. A review of the options will show that option 1 is very simple but more tax is paid. Option 2 lets you prorate the exemptions and deductions using the entity's income. For option 3, a 6% tax rate is applied to the Georgia income. These options may be applied on a member-by-member basis. Trusts, estates, corporations, and partnerships should list their Georgia income and multiply it by the 6% Georgia income tax rate. The personal exemption for the taxpayer and spouse is \$2,700. The credit for dependents is \$3,000.

Information required in each case: Nonresident partner's or shareholder's name, identification number, Georgia income, marital status and tax due.

OPTION 1

Pay tax on the nonresident's income from Georgia operation. Computed from tax rate schedule.

| NAME | ID# | GEORGIA INCOME | MARITAL STATUS | TAX DUE |
|------------|-------------|----------------|------------------|---------------|
| JOHN DOE | 040-16-7856 | 15,000 | Single | 710.00 |
| JOHN JONES | 133-72-8901 | 6,000 | Married | 150.00 |
| ED SMITH | 132-64-8765 | 9,000 | Head/Household | 290.00 |
| ANN MOORE | 259-73-4661 | 11,000 | Married/Separate | <u>530.00</u> |
| | | | _ | 1,680.00 |

OPTION 2

Allows the nonresidents to deduct: (a) standard deduction and (b) personal exemption and credit for dependents. Both (a) and (b) to be apportioned on the ratio of the individual partner's or shareholder's Georgia income to the individual partner's or shareholder's share of the total partnership or S Corporation income. Amount to which the ratio is applied under (a) shall not exceed \$2,300 single/head of household, \$3,000 married filing joint or \$1,500 married filing separate.

| | | | | | | | | | | MARITA | L |
|------------|-------------|--------|--------|-------|-------|---------|---------|--------|--------|--------|---------------|
| NAME | ID# | G.I.P. | T.I.P. | GA% | S.D. | P.E.& I | D.TOTAL | GA. D. | N.T.I | STATUS | TAX DUE |
| | | | | | | | | | | | |
| JOHN DOE | 040-16-7856 | 15,000 | 40,000 | 37.50 | 2,300 | 2,700 | 5,000 | 1,875 | 13,125 | S | 598.00 |
| JOHN JONES | 133-72-8901 | 6,000 | 35,000 | 17.14 | 3,000 | 5,400 | 8,400 | 1,440 | 4,560 | M | 97.00 |
| ED SMITH | 132-64-8765 | 9,000 | 58,000 | 15.52 | 2,300 | 5,700 | 8,000 | 1,242 | 7,758 | HH | 228.00 |
| ANN MOORE | 259-73-4661 | 11,000 | 40,000 | 27.50 | 1,500 | 2,700 | 4,200 | 1,155 | 9,845 | MS | <u>461.00</u> |
| | | | | | | | | | | | 1 384 00 |

OPTION 3

(Flat 6% tax on Entity's income)

| NAME | ID# | G.I.P. | TAX RATE | TAX DUE |
|------------|-------------|--------|----------|---------------|
| JOHN DOE | 040-16-7856 | 15,000 | 6% | 900.00 |
| JOHN JONES | 133-72-8901 | 6,000 | 6% | 360.00 |
| ED SMITH | 132-64-8765 | 9,000 | 6% | 540.00 |
| ANNE MOORE | 259-73-4661 | 11,000 | 6% | <u>660.00</u> |
| | | | | 2,460.00 |

SYMBOLS:

| G.I.P. | NONRESIDENT'S SHARE OF PARTNERSHIP OR S CORPORATION GEORGIA INCOME |
|----------------|--|
| T.I.P. | NONRESIDENT'S SHARE OF TOTAL PARTNERSHIP OR S CORPORATION INCOME |
| GA.% | RATIO OF GEORGIA INCOME TO TOTAL PARTNERSHIP OR S CORPORATION INCOME |
| S.D. | STANDARD DEDUCTION |
| P.E.&D. | PERSONAL EXEMPTION AND DEPENDENTS |
| TOTAL | STANDARD DEDUCTION PLUS PERSONAL EXEMPTION AND DEPENDENTS (100%) |
| GA. D. | TOTAL X GA.%= DEDUCTION AND EXEMPTION APPORTIONED TO GEORGIA |
| N.T.I. | NET TAXABLE INCOME (G.I.P. – GA. D. = N.T.I.) |
| MARITAL STATUS | S-SINGLE, M-MARRIED, HH-HEAD/HOUSEHOLD, MS-MARRIED FILING SEPARATE |