



1401704011

2013 or other taxable year

Beginning _____ Ending _____

Original Return Amended Return Final Return Name Change Address Change Composite Return Filed

A. Federal Employer Id. No.		Name		Location of Books for Audit (city) & (state)	
B. GA. Withholding Tax Numbers		Number and Street		Country	Telephone Number
Payroll WH Number	Nonresident WH Number				
C. GA. Sales Tax Reg. No.		City or Town		State	*County Code No. Zip Code
D. Name (if different from last year's return)		Number and Street (if different from last year's return)			
City		State	Zip Code	If no return was filed last year, state the reason why	
E. NAICS Code	F. Kind of Business		G. Date began doing business in GA		H. Basis of this return
					() CASH () ACCRUAL () OTHER
I. Indicate latest taxable year (within last 5 years) adjusted by the IRS	J. Number of Partners	K. Do you have Nonresident Partners?		L. Number of Nonresident Partners	M. Amount of Nonresident Withholding paid for tax year
		() Yes or () No			

*See Page 7 of the instruction booklet for a list of Georgia county code numbers.

COMPUTATION OF GEORGIA NET INCOME		(ROUND TO NEAREST DOLLAR)	SCHEDULE 1
1. Total Income for Georgia purposes (Line 12, Schedule 7)	▶		1.
2. Income allocated everywhere (Attach Schedule)	▶		2.
3. Business income subject to apportionment (Line 1 less Line 2)	▶		3.
4. Georgia ratio (Schedule 6, 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. Total Georgia net income (Add Line 5 and Line 6)	▶		7.

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

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 taxpayer, this declaration is based on all information of which the preparer has any knowledge.

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

Signature of Partner (Must be signed by partner)

Signature of Preparer other than partner or member

I authorize the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Email Address

Preparer's SSN or PTIN

Date

Date



1401704021

(Partnership) Name _____ FEIN _____

GEORGIA TAX CREDITS

(ROUND TO NEAREST DOLLAR)

SCHEDULE 2

These are for information purposes only and do not affect Schedules 1 or 3-7. See Pages 9 through 11 of the instructions for a list of available credits and their applicable codes. You must list the appropriate credit type code in the area provided. If you claim more than ten credits, enclose a schedule. Enter the schedule total on Line 11. List the percentage of credit claimed in the percent (%) column.

Credit Type Code	Company Name	FEIN	%	Amount of Credit
1.				1.
2.				2.
3.				3.
4.				4.
5.				5.
6.				6.
7.				7.
8.				8.
9.				9.
10.				10.
11. Enter the total from attached schedule(s)				11.
12. TOTAL ALLOWABLE GEORGIA TAX CREDITS FOR THE YEAR				12.

Attach the appropriate form or a detailed schedule for each credit claimed (See pages 9-11 of the instructions for additional information)

INCOME TO PARTNERS

(ROUND TO NEAREST DOLLAR)

SCHEDULE 3

	(1.) Name (2.) Street and Number		(3.) City, State and Zip (4.) I.D. Number		Profit Sharing %	Georgia Source Income
	1.	2.	3.	4.		
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 4

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.	

Schedule 4 continued on Page 3



1401704031

(Partnership) Name _____ FEIN _____

ADDITIONS TO FEDERAL TAXABLE INCOME (ROUND TO NEAREST DOLLAR)		SCHEDULE 4 (continued)
4. Federal deduction for income attributable to domestic production activities (IRC section 199)		4.
5. Intangible expenses and related interest costs		5.
6. Captive REIT expenses and costs		6.
7. Other additions (Attach schedule)		7.
8. <input type="text"/>		8.
9. Total (Add Lines 1 through 8) Enter here and on Line 9, Schedule 7		9.

SUBTRACTIONS FROM FEDERAL TAXABLE INCOME (ROUND TO NEAREST DOLLAR)		SCHEDULE 5
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. <input type="text"/>		5.
6. <input type="text"/>		6.
7. Total (Add Lines 1 through 6) enter here and on Line 11, Schedule 7		7.

APPORTIONMENT OF INCOME (ROUND TO NEAREST DOLLAR)	SCHEDULE 6		
	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)			

COMPUTATION OF TOTAL INCOME FOR GEORGIA PURPOSES (ROUND TO NEAREST DOLLAR)		SCHEDULE 7
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 4, Line 9)		9.
10. Total (add Lines 8 and 9)		10.
11. Subtractions from Federal income (Schedule 5, Line 7)		11.
12. Total income for Georgia purposes (Line 10 less Line 11)		12.

Other Required Federal Information

1. Salaries and wages (Form 1065)		1.
2. Taxes and licenses (Form 1065)		2.
3. Section 179 deduction (Form 1065)		3.
4. Contributions (Form 1065)		4.
5. Investment interest expense (Form 1065)		5.
6. Section 59(e)(2) expenditures (Form 1065)		6.