



1501404015

Georgia Form 600 (Rev. 9/14)

Corporation Tax Return
Georgia Department of Revenue (Approved web version)

2014 Income Tax Return

Beginning _____ Original Return Consolidated GA Parent Return Address Change UET Annualization Exception attached
 Ending _____ Initial Net Worth *(attach approval)* Name Change

2015 Net Worth Tax Return

Beginning _____ Amended Return GA Consolidated Subsidiary Final *(attach explanation)* IT-552 attached
 Ending _____ Amended due to IRS Audit Consolidated Parent FEIN Extension attached

A. Federal Employer I.D. Number		Name (Corporate title) Please give former name if applicable.			
B. GA Withholding Tax Account Number		Business Address (Number and Street)			
C. GA. Sales Tax Registration Number		City or Town	State	Zip Code	Foreign Country Name
D. NAICS Code	E. Date of Incorporation	F. Incorporated under laws of what state			G. Date admitted into GA
Location of Books for Audit (City) & (State)		Telephone Number	H. Kind of Business		

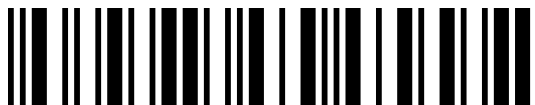
Indicate latest taxable year adjusted by IRS ► _____ And when reported to Georgia ► _____

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

1. Federal Taxable Income (Copy of Federal return and supporting schedules must be attached)	1.
2. Additions to Federal Income (from Schedule 4)	2.
3. Total (add Lines 1 and 2)	3.
4. Subtractions from Federal Income (from Schedule 5)	4.
5. Balance (Line 3 less Line 4)	5.
6. Georgia Net Operating loss deduction (from Schedule 11)	6.
7. Georgia Taxable Income (Line 5 less Line 6 or Schedule 7, Line 9)	7.
8. Income Tax - (6% x Line 7)	8.

COMPUTATION OF NET WORTH TAX (ROUND TO NEAREST DOLLAR) SCHEDULE 2

1. Total Capital stock issued	1.
2. Paid in or Capital surplus	2.
3. Total Retained earnings	3.
4. Net Worth (Total of Lines 1, 2, and 3)	4.
5. Ratio (GA. and Dom. For. Corp.-100%) (Foreign Corp. - Line 4, Sch. 8) ...	5.
6. Net Worth Taxable by Georgia (Line 4 x Line 5)	6.
7. Net Worth Tax (from table in instructions)	7.



1501404025

(Corporation) Name _____

FEIN _____

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

	A. Income Tax	B. Net Worth Tax	C. Total
1. Total Tax (Schedule 1, Line 8, and Schedule 2, Line 7) ...			1.
2. Less Credits and payments of estimated tax.....			2.
3. Less Credits from Schedule 9, Line 6*.....			3.
4. Withholding Credits (G2-A, G2-LP, and/or G2-RP).....			4.
5. Balance of tax due (Line 1, less Lines 2, 3, and 4).....			5.
6. Amount of overpayment (Lines 2, 3, and 4 less Line 1)...			6.
7. Interest due (See Instructions)			7.
8. Form 600 UET (Estimated tax penalty)			8.
9. Other penalty due (See Instructions)			9.
10. Balance of tax, interest and penalty due with return			10.
11. Amount of Line 6 less Line 8 to be credited to 2015 estimated tax ▶		Refunded	11.

***NOTE:** Any tax credits from Schedule 9 may be applied against income tax liability only, **not** net worth tax liability.

DIRECT DEPOSIT OPTIONS. SEE PAGE 3 - SIGNATURE SECTION

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. Expense attributable to tax exempt income	3.
4. Net operating loss deducted on Federal return	4.
5. Federal deduction for income attributable to domestic production activities (IRC Section 199)	5.
6. Intangible expenses and related interest cost	6.
7. Captive REIT expenses and costs	7.
8. Other Additions (Attach Schedule)	8.
9. TOTAL - Enter also on LINE 2, SCHEDULE 1	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 expense)	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 (Must Attach Schedule)	4.
5. TOTAL - Enter also on LINE 4, SCHEDULE 1	5.

APPORTIONMENT OF INCOME **SCHEDULE 6**

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

COMPUTATION OF GEORGIA NET INCOME (ROUND TO NEAREST DOLLAR) **SCHEDULE 7**

1. Net business income (Schedule 1, Line 5)	1.
2. Income allocated everywhere (Must 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 of Lines 5 and 6	7.
8. Less: net operating loss apportioned to GA (from Schedule 11)	8.
9. Georgia taxable income (Enter also on Schedule 1, Line 7)	9.



1501404035

(Corporation) Name _____

FEIN _____

COMPUTATION OF GEORGIA NET WORTH RATIO		(TO BE USED BY FOREIGN 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)	1.		
2. Gross receipts from business	2.		
3. Totals (Line 1 plus Line 2).....	3.		
4. Georgia Ratio (Divide Line 3A by 3B).....	4.		

A Copy of the Federal Return and supporting Schedules must be attached, otherwise this return shall be deemed incomplete. No extension of time for filing will be allowed unless a copy of the request for a Federal extension or Form IT-303 is attached to this return.

Make check payable to: Georgia Department of Revenue

Mail to: Georgia Department of Revenue, Processing Center, PO Box 740397, Atlanta, Georgia 30374-0397

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 taxpayer, their declaration is based on all information of which they have 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.

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: _____

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

SIGNATURE OF OFFICER

SIGNATURE OF INDIVIDUAL OR FIRM PREPARING THE RETURN

TITLE

FIRM PREPARING THE RETURN

DATE

IDENTIFICATION OR SOCIAL SECURITY NUMBER



1501404045

(Corporation) Name _____

FEIN _____

CLAIMED TAX CREDITS

(ROUND TO NEAREST DOLLAR)

SCHEDULE 9

See pages 16 through 21 for a list of available credits and their applicable codes. You must list the appropriate credit type code in the space provided. If you claim more than four credits, attach a schedule. Enter the total of the additional schedule on Line 5. If the tax credit is flowing or being assigned into this corporation from another corporation, please enter the name and FEIN of the corporation where the tax credit originated. If the credit originated with the corporation filing this return, enter "Same" in the spaces for corporation and FEIN.

	Credit Type Code	Corporation Name	FEIN		Amount of Credit
1.				1.	
2.				2.	
3.				3.	
4.				4.	

5. Enter the total from attached schedule(s) 5. _____
 6. Enter the total of Lines 1 through 5 here and on Schedule 3, Line 3, Page 2 6. _____

ASSIGNED TAX CREDITS

(ROUND TO NEAREST DOLLAR)

SCHEDULE 10

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 (including extensions) per O.C.G.A. § 48-7-42 (b).

	Credit Type Code	Corporation Name	FEIN		Amount of Credit
1.				1.	
2.				2.	
3.				3.	
4.				4.	



1501404055

(Corporation) Name _____ FEIN _____

GA NOL Carry Forward Worksheet

(ROUND TO NEAREST DOLLAR)

SCHEDULE 11

For calendar year or fiscal year beginning _____ and ending _____

	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 (Enter on Schedule 1, Line 6 or Schedule 7, Line 8)					
	2. Current Year Income / (Loss)					
	3. NOL Carry Forward Available to Next Year (Subtract Line 2 from Line 1)					

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 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 "NOL Carry Forward Available to Next Year" in the last space. **DO NOT check the box for IT 552 on the return if Schedule 11 is used.**

Create photocopies as needed. See example worksheet on page 11.