



1501704012

2014 Income Tax Return

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 | 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 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 | | | |

| 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 Firm Name _____

Date _____ Preparer's SSN or PTIN _____ Date _____



1501704022

(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 14 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 9-14 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



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(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. |