

Georgia Form 700 (Rev. 06/22/17) Page 1
Partnership Tax Return

Georgia	Department	of	Revenue
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2017 Income Tax Return Beginni	ing		Endi	ing							
Original Return Amended	d Return 🔲 i	Final Return		Name Ch	ange	Add	dress	s Change		Composite F	Return F
A. Federal Employer ID No.	B. Name						C. Location of Records for Audit (City				ity)&(Sta
D. GA Withholding Tax Number	E. Numbe	er and Stree	et .			F. Cou	ntry		G. Tele	phone Numl	per
Payroll WH Number Nonresident WH Nu											
H. GA Sales Tax Reg. No.	I. City or	I. City or Town			J. State	J. State			Code		
L. Name (if different from last year's re	eturn)			M Numb	ner and S	Street (if d	iffere	ent from last	vear's r	eturn)	
E. Name (ii dinerent nom last year o re	starriy			IVI. IVGITIK	oci ana v	ou cot (ii u	more	SHE HOIH IGOE	year on	otarri)	
N. City	O. State	P. Zip Co	ode		Q. If r	no return v	vas f	iled last year	, state th	ne reason w	hy
R. NAICS Code S. Type of Business			T. Da	ate began o	doing bu	siness in (GA	U. Account	ing Meth	nod	
V. Indicate latest taxable year	W . Number of	K 1e V D)o you b	nave Nonre	sidont	V Numbe	or of	() CASH Nonresident	·	,) OTHE
adjusted by the IRS	vv . Number of	Part	ners?			K-1s	1 01	Nonresident		olding paid for	
COMPUTATION OF GEORGIA NE	T INCOME	() Yes	or () N		REST DO	ΙΙΔΕ	5)	SC	HEDULE 1	
Total Income for Georgia purpo		Schedule 8	3)	<u> </u>			1.	Ť			
Income allocated everywhere (•						2.				
3. Business income subject to ap							3.				
4. Georgia ratio (Schedule 7, Colo	umn 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 suppo	orting Schedules	must be at		if filing by ARATION	paper.	Otherwise	e thi	is return sha	all be de	emed inco	mplete.
I/We declare under the penalties of perjury th belief, it is true, correct, and complete. If pre Georgia Public Revenue Code Section 48-2-3 MAIL TO: Georgia Department of Rev	epared by a person 31 stipulates that tax	other than the	e taxpay aid in lav	er, this declar vful money o	aration is of the Unit	based on a ed States, f	all info	ormation of wh of any expense	ich the p	reparer has l	knowledg
Signature of Partner (Must be signed b	by partner)			Si	gnature	of Prepare	er otl	her than part	ner		
Check the box to authorize the Georgia to discuss the contents of this return wit											
				Prep	oarer's F	irm Name					
Date				Prer	parer's S	SN or PTII	N			Date	—



 (Partnership) Name
 FEIN

 CREDIT USAGE AND CARRYOVER
 (ROUND TO NEAREST DOLLAR)
 SCHEDULE 2

- 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 14 carryover is applied to next year, the amount must be reduced by any amounts elected to be applied to withholding in 2017 and by any carryovers that have expired and by any amounts that are subsequently sold.

For the credit generated this year, list the Company Name, ID number, Credit Certificate number, if applicable, and % of credit (purchased credits should also be included). If the credit originated with this taxpayer, enter this taxpayer's name and ID# below and 100% for the percentage.

1. Credit Code		
2. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated in 2017
3. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated in 2017
4. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated in 2017
5. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated in 2017
6. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated in 2017
7. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated in 2017
8. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated in 2017
9. Total available credit for 2017 (sum of Lines 2 through	ugh 8) 9.	
 Enter the amount of credit sold (Conservation Tax Historic Rehabilitation Tax Credits) 		
11. Total allocated to owners on Schedule 3		
12. Credit used on Form IT-CR		
13. Conservation or Film Tax Credits or certain Historiallocated to owners from previous years (do not includ		
14. Potential carryover to 2018 (Line 9 less Lines 10,		



 (Partnership) Name
 FEIN

 CREDIT ALLOCATION TO OWNERS
 (ROUND TO NEAREST DOLLAR)

 SCHEDULE 3

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. However, additional schedules can be attached as needed.

	Credit Code	Name of Owner	ID Number of	Amount	Credit
			Owner	Allocated	Certificate #
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
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18.					
19.					
20.					
21.					
22.					
23.					
24.					
25. 26.					
26.					
27.					
28.					
29.					
30.					
31.					
32.					
33.					
34.					

Gross receipts from business
 Georgia Ratio (Divide Column A by Column B)......

(Partnership) Name . **INCOME TO PARTNERS** (ROUND TO NEAREST DOLLAR) **SCHEDULE 4** (1.) Name (3.) City, State and Zip (2.) Street and Number (4.) ID Number Georgia Source Income Profit (Loss) Sharing % 5. 2. Α 3. 4. 1. 5. 6. В 3. 4. 1. 6. 2. C 3. 4. 1. 6 2. D 3. 4. 1. 2. Ε 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. 2. Net income or net profits taxes imposed by taxing jurisdictions other than Georgia 3. 3. Expenses attributable to tax exempt income 4. 4. Federal deduction for income attributable to domestic production activities (IRC section 199) 5. 5. Intangible expenses and related interest costs 6. Captive REIT expenses and costs..... 6. 7. Other additions (Attach schedule) 7. 8. 8. 9. 9. Total (Add Lines 1 through 8) enter here and on Line 9, Schedule 8..... (ROUND TO NEAREST DOLLAR) SUBTRACTIONS FROM FEDERAL TAXABLE INCOME **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. 5. 6. 6. 7. Total (Add Lines 1 through 6) enter here and on Line 11, Schedule 8..... 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**



(Partnership) Name FEIN							
	COMPUTATION OF TOTAL INCOME FOR GEORGIA PURPOSE	ES (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)						
	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 (l	loss)	4d.				
	e. Net long-term capital gain (lo	oss)	4e.				
	f. Other portfolio income (loss)		4f.				
5.	Guaranteed payments to partners		5.				
6.	3. (,		6.				
7.	Other Income (loss)		7.				
8.	Total Federal income (add Lines 1 through 7)		8.				
9.	Additions to Federal income (Schedule 5, Line 9)		9.				
10.	Total (add Lines 8 and 9)		10.				
11.	Subtractions from Federal income (Schedule 6, Line 7)		11.				
12.	Total income for Georgia purposes (Line 10 less Line 11)	12.				
Otr	ner Required Federal Information						
1.	Salaries and wages (Form 1065)		1.				
2.	Taxes and licenses (Form 1065)		2.				
3.	Section 179 deduction (Form 1065)						
4.	Contributions (Form 1065)		4.				
5.	Investment interest expense (Form 1065)		5.				
6.	Section 59(e)(2) expenditures (Form 1065)		6.				