

1901704016

Georgia Form 700 (Rev. 08/01/18) Page 1 Partnership Tax Return

Georgia Department of Revenue

2018

Beginning __ Income Tax Return

Original Ending		ended Due Name	Addre		
A. Federal Employer ID No.	B. Name		C.	Location of R	ecords for Audit (City)&(State)
D. GA Withholding Tax Number	E. Number and Stre	et	F. Country	1	G. Telephone Number
Payroll WH Number Nonresident WH Nu	umber				
H. GA Sales Tax Reg. No.	I. City or Town		J. State		K. Zip Code
L. NAICS Code M. Type of Business		N. Date began doing bu	isiness in GA	O. Account	ing Method
				() CASH	() ACCRUAL () OTHER
P. Indicate latest taxable year adjusted by the IRS		Do you have Nonresident rtners?	S. Number o K-1s	f Nonresident	T. Amount of Nonresident Withholding paid for tax year
		()Yes or ()No			

AUDIT OR AMENDED RETURN PAYMENT ELECTION (ROUND TO NEAREST DOLLAR) SCHEDULE 1

By checking the box, the Partnership elects to pay the tax on behalf of its partners due to an IRS Audit, Georgia audit, or amended return.

	COMPUTATION OF GEORGIA NET INCOME (R	OUND TO NEAREST DOLLAR)		SCHEDULE 2
5.	Total due	5	5.	
4.	Penalty due		1.	
3.	Interest due		3.	
	Tax-6% x Line 1		2.	
1.	Additional Georgia Taxable Income (See instructions)		1.	

1.	Total Income for Georgia purposes (Line 12, Schedule 9)	1.	
	Income allocated everywhere (Attach Schedule)	2.	
	Business income subject to apportionment (Line 1 less Line 2)	3.	
	Georgia ratio (Schedule 8, Column C)	4.	
	Net business income apportioned to Georgia (Line 3 x Line 4)	5.	
	Net income allocated to Georgia (Attach Schedule)	6.	
	Total Georgia net income (Add Line 5 and Line 6)	7.	

Copy of the Federal Return and supporting Schedules must be attached if filing by paper. 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 the taxpayer, this declaration is based on all information of which the preparer has 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.

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
By providing my e-mail address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my accounts.	Check the box to authorize the Georgia Department of Revenue to discuss the contents of this return with the named prepearer.

E-mail Address

Preparer's Firm Name

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(Partnership) Name FEIN **CREDIT USAGE AND CARRYOVER** (ROUND TO NEAREST DOLLAR) **SCHEDULE 3** 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 the next tax year, the amount must be reduced by any amounts elected to be applied to withholding for this tax year and by any carryovers that have expired. For the credit generated this tax 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 this tax year 3. Company Name **ID** Number Credit Certificate # Credit Generated this tax year % of Credit 4. Company Name **ID Number** % of Credit Credit Certificate # Credit Generated this tax year 5. Company Name **ID Number** Credit Certificate # % of Credit Credit Generated this tax year **ID Number** 6. Company Name Credit Certificate # Credit Generated this tax year % of Credit **ID** Number 7. Company Name % of Credit Credit Certificate # Credit Generated this tax year 8. Company Name **ID Number** Credit Certificate # % of Credit Credit Generated this tax year 9. 9. Total available credit for this tax year (sum of Lines 2 through 8) 10. Enter the amount of credit sold (Conservation Tax Credits, Film Tax Credits, Postproduction 10. Film Tax Credits, and certain Historic Rehabilitation Tax Credits) 11. Total allocated to owners on Schedule 4 11. 12. Credit used on Form IT-CR 12. 13. Conservation or Film Tax Credits or certain Historic Rehabilitation Tax Credits not sold or 13. allocated to owners from previous years (do not include amounts elected to be applied to withholding) 14. Potential carryover to next tax year (Line 9 less Lines 10, 11, 12 plus Line 13) 14.

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CREDITS MUST

(Partnership) Name FEIN **CREDIT ALLOCATION TO OWNERS** (ROUND TO NEAREST DOLLAR) **SCHEDULE 4** 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. Credit Code Name of Owner Credit ID Number of Amount Certificate # Owner Allocated 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34.

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(Partr	nersl	hip) Name			FEIN	
INCOME TO PARTNERS			(ROUND TO NEA	AREST DOLLAR)	SCHEDULE 5	
(1.) Name(3.) City, State and Zip(2.) Street and Number(4.) ID Number		Profit (Loss) Shari	ng %	Georgia Source Income		
		1.		5.		6.
		2.		_		
	_	3.		-		
		4.				
	-	1.		5.		6.
B	8 -	3.		-		
		4.		-		
		1.		5.		6.
c c	. [2.				
		3.		_		
		4.				
	_	1.		5.		6.
) -	2.		-		
	-	3.		-		
		1.		5.		6.
	.	2.		5.		0.
E	-	3.		-		
		4.				
Т	OT/	AL				
	AD	DITIONS TO FEDERAL TA	XABLE INCOME	(ROUND TO NEAR	EST DOLLAR)	SCHEDULE 6
1. 5	State	e and municipal bond	interest other than Georgia	or political subdivision	thereof 1.	
2. 1	Vet	income or net profits ta	axes imposed by taxing juris	dictions other than Ge	orgia 2.	
4. F	Fed	eral deduction for incor	me attributable to domestic	production activities (IR	C section 199) 4.	
			elated interest costs			
6. (Сар	tive REIT expenses ar	nd costs			
7. (Othe	er additions (Attach sche	dule)		7.	
8.						
	Tota	al (Add Lines 1 through	8) enter here and on Line 9,			
			RAL TAXABLE INCOME	(ROUND TO NEAR		SCHEDULE 7
			nited States (must be reduced b			
			enses and related interest c			
			expenses and costs (Attach I		·	
			Schedule)	•		
5.			,			
6.						
L	Tota	al (Add Lines 1 through	6) enter here and on Line 1			
APPORTIONMENT OF INCOME (ROUND TO NEAREST DOLLAR) SCHEDULE 8						
				A. WITHIN GEORGIA	B. EVERYWHERE	C. DO NOT ROUND COL (A)/ COL (B) COMPUTE TO SIX DECIMALS
1.	Gro	ss receipts from busin	ess			
			imn A by Column B)			

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3.

4.



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(Par	tnership) Name	F	EIN	
	COMPUTATION OF TOTAL INCOME FOR GEORGIA PURP	OSES (ROUND TO NEAREST DOLLAR	R)	SCHEDULE 9
1.	Ordinary income (loss)		1.	
	Net income (loss) from rental real estate activities		2.	
3.	a. Gross income from other rental activities	За.		
	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 ga	in (loss)	4d.	
	e. Net long-term capital gai	n (loss)	4e.	
	f. Other portfolio income (lo	oss)	4f.	
5.	Guaranteed payments to partners		5.	
6.	Net gain (loss) under Section 1231		6.	
7.	7. Other Income (loss)		7.	
8.	Total Federal income (add Lines 1 through 7)		8.	
9.	Additions to Federal income (Schedule 6, Line 9)		9.	
10.	Total (add Lines 8 and 9)		10.	
11.	Subtractions from Federal income (Schedule 7, Line	7)	11.	
12.	Total income for Georgia purposes (Line 10 less Line	e 11)	12.	
Oth	er Required Federal Information			
1.	Salaries and wages (Form 1065)		1.	
2.	Taxes and licenses (Form 1065)		2.	

Investment interest expense (Form 1065)
Section 59(e)(2) expenditures (Form 1065)

Section 179 deduction (Form 1065)

Contributions (Form 1065)

1.	
2.	
3.	
4.	
5.	
6.	