



STATE OF GEORGIA
Department of Revenue
Related Member Intangible Expenses and Costs and
Interest Expenses and Costs

IT-Addback (12/08)

A. Taxpayer Information

Taxpayer Name	Taxpayer Address
Federal Identification Number	Taxable Year (Beginning & End)

Note: Regulation 560-7-3-.05(2) requires that the taxpayer add back related member costs to income prior to claiming any exception to the addback.

B. Addback

1. Related member intangible expenses and costs, and interest expenses and costs required to be added back pursuant to Code § 48-7-28.3 and Regulation 560-7-3-.05. Enter amount here and on the applicable line of the tax return in the Georgia “additions to federal taxable income” section. 1.

C. Exception for Income Allocated or Apportioned to and Taxed by Georgia or Another State.
(For additional information, please see subsection (d) of Code § 48-7-28.3 and paragraph (5) of Regulation 560-7-3-.05).

Attach a separate schedule for each related member.

1. Name of the related member. 1.
2. Federal Identification Number of the related member. 2.
3. Amount of the related member costs taxpayer paid directly or indirectly to such related member. 3.
4. Name of each state to whom net income tax was paid by the related member on a tax base which included the related member costs. Do not include jurisdictions in which the related member costs are subject to elimination.
a b c d

(Attach a schedule if there are more than four states with respect to questions 4 through 9.)

5. Enter type of tax paid in each state by the related member.
 a b c d
6. Amount of the related member costs paid by the taxpayer and reported by the related member as income subject to allocation and/or apportionment in each respective state.
 a b c d
7. Apportionment ratio (to six decimals) in each respective state applicable to the amount in line 6. If the related member cost reported to a respective state was allocated in full to that state, enter "1" for that state.
 a b c d
8. Multiply the amounts in line 6 by the factors in the corresponding boxes of line 7 and enter the result in the corresponding boxes below.
 a b c d
9. Total amount eligible for this exception. Add lines 8a through 8d. 9.

Please see examples in Regulation 560-7-3-.05(5) for further guidance on the above calculations.

10. Provide a brief description of the arm's length status of the transactions between the taxpayer and the related member. Please see subparagraph (5)(d)5. of Regulation 560-7-3-.05 for specific information that should be included:

D. Exception for Expenses Paid, Accrued, or Incurred to a Related Member Domiciled in a Foreign Nation. (For additional information, please see subsection (e) of Code § 48-7-28.3 and paragraph (6) of Regulation 560-7-3-.05).

Attach a separate schedule for each related member.

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|----|--|----|--|
| 1. | Name of the related member. | 1. | |
| 2. | Federal Identification Number of the related member. | 2. | |
| 3. | Country of domicile of the related member. | 3. | |

4. Provide a description of the comprehensive income tax treaty:

5. Provide a description of the business purpose of the transactions between the taxpayer and the related member. Please see subparagraph (6)(b)5. of Regulation 560-7-3-.05 for the specific information that should be included:

6. Provide a brief description of the arm's length status of the transactions between the taxpayer and the related member. Please see subparagraph (5)(d)5. of Regulation 560-7-3-.05 for specific information that should be included:

- | | | | |
|----|--|----|--|
| 7. | Amount of the related member costs paid to such related member.
(Amount eligible for this exception.) | 7. | |
|----|--|----|--|

E. Exception for Expenses Paid, Accrued, or Incurred to a Related Member Who Paid, Accrued, or Incurred Expenses to a Person Who is Not a Related Member. (For additional information, please see subsection (f) of Code § 48-7-28.3 and paragraph (7) of Regulation 560-7-3-.05).

Attach a separate schedule for each related member.

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|----|--|----|----------------------|
| 1. | Name of the related member. | 1. | <input type="text"/> |
| 2. | Federal Identification Number of the related member. | 2. | <input type="text"/> |
| 3. | Name of the unrelated party to whom the costs were paid. | 3. | <input type="text"/> |
| 4. | Federal Identification Number of such unrelated party. | 4. | <input type="text"/> |

5. Provide a description of the business purpose of the transactions between the taxpayer and the related member. Please see subparagraph (7)(b)2. of Regulation 560-7-3-.05 for the specific information that should be included:

6. Provide a description of the business purpose of the transactions between the related member and the unrelated party. Please see subparagraph (7)(b)2. of Regulation 560-7-3-.05 for the specific information that should be included:

7. Portion of the related member costs paid by such related member to the unrelated party. (Amount eligible for this exception.) 7.

F. Total Amount Eligible for Exception:

Add Line 9 of Section C, Line 7 of Section D, and Line 7 of Section E. Include the amounts from the same lines of any separate schedules attached. Enter the total amount here and on the applicable line of the tax return in the Georgia subtractions from income section. The sum total of all exceptions reported on the tax return pursuant to Form IT-Addback, including any additional schedules, cannot be greater than the amount on Line 1 of Section B.