



CR-AFF (7/14)

AFFIDAVIT BY NONRESIDENT

This form is to be completed by a nonresident member included in a composite return filing whose tax is computed under Options 1 or 2 of Regulation 560-7-8-.34.

This form is to be completed by each nonresident member and returned to the entity.

The completed form should be retained by the entity and made available if requested by the Department.

| | |
|---|--|
| Name | Taxpayer's Federal Identification Number |
| Street Address | Tax Year Ending |
| City, State and Zip Code | Telephone Number |
| Georgia Filing Status (e.g. <i>Single, Married Filing Jointly, Married Filing Separately, Head of Household</i>) | |
| Flow-through Entity's Name | Entity's Federal Identification Number |

Under penalty of perjury, I swear that the above information is to the best of my knowledge and belief, true, correct and complete; AND that for the above stated tax period, I do not have any income from any sources within the state of Georgia other than from the flow-through entity listed above.

Taxpayer's Signature

Date