

2410604013

Page 1**2012 and Forward Form G2-A WITHHOLDING ON NONRESIDENT MEMBERS
SHARE OF TAXABLE INCOME SOURCED TO GEORGIA**

YEAR	1. PAYER'S NONRESIDENT(NR) WH#	2. PAYER'S FEDERAL ID NUMBER
3. PAYER'S NAME AND ADDRESS		4. RECIPIENT'S FEIN/ID NUMBER
		5. RECIPIENT'S NAME AND ADDRESS
6. AMOUNT OF NONRESIDENT MEMBER'S SHARE OF TAXABLE INCOME SOURCED TO GEORGIA		7. GEORGIA TAX WITHHELD
GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER PO BOX 105685 ATLANTA GA 30348-5685		

COPY 1- STATE COPY

INSTRUCTIONS FOR COMPLETING FORM G2-A

This form shall be used for taxable years beginning on or after January 1, 2012. Should be completed by and filed by the entity who submitted the withholding payment directly to the Department of Revenue.

Enter Year in which the tax year of the distributing entity ends.

Box 1. Enter Georgia Payer's Nonresident Withholding Number.

Box 2. Enter Federal Identification Number.

Box 3. Enter name and address of payer.

Box 4. Enter social security number if recipient is an individual or federal identification number if recipient is a business.

Box 5. Enter name and address of member/shareholder.

Box 6. Enter the amount of nonresident member's share of taxable income sourced to Georgia.

Box 7. Enter amount of Georgia income tax withheld.

For additional recipients of the withholding tax credits, complete Page 2 G-2A Allocation Schedule.

On or before the earlier of the date the return is filed or the due date for filing the income tax return of the flow through entity (without extension), all G2-As issued for the year should be mailed along with Form G-1003 to:

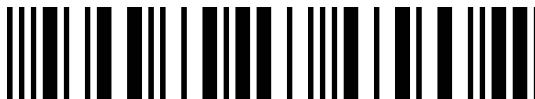
Georgia Department of Revenue, Processing Center, PO Box 105685, Atlanta GA 30348-5685

Mail your payment with the GA-V Payment Voucher to:

Georgia Department of Revenue Processing Center, PO Box 740387, Atlanta, GA 30374-0387

Georgia Form G-2A

(Rev. 06/01/23)

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TAXPAYER'S FEIN _____**G-2A Allocation Schedule**

1.	Recipient's Legal Name	Recipient's FEIN/SSN		Payer's GA Withholding ID
	Recipient's Address			
	City	State	ZIP	Country
2.	Recipient's Legal Name	Recipient's FEIN/SSN		Payer's GA Withholding ID
	Recipient's Address			
	City	State	ZIP	Country
3.	Recipient's Legal Name	Recipient's FEIN/SSN		Payer's GA Withholding ID
	Recipient's Address			
	City	State	ZIP	Country
4.	Recipient's Legal Name	Recipient's FEIN/SSN		Payer's GA Withholding ID
	Recipient's Address			
	City	State	ZIP	Country
5.	Recipient's Legal Name	Recipient's FEIN/SSN		Payer's GA Withholding ID
	Recipient's Address			
	City	State	ZIP	Country
6.	Recipient's Legal Name	Recipient's FEIN/SSN		Payer's GA Withholding ID
	Recipient's Address			
	City	State	ZIP	Country
7.	Recipient's Legal Name	Recipient's FEIN/SSN		Payer's GA Withholding ID
	Recipient's Address			
	City	State	ZIP	Country
8.	Recipient's Legal Name	Recipient's FEIN/SSN		Payer's GA Withholding ID
	Recipient's Address			
	City	State	ZIP	Country