

1601704013

2015 Income Tax Return

Beginning _____ Ending _____

Original Return Amended Return Final Return Name Change Address Change Composite Return Filed

A. Federal Employer Id. No.		B. Name		C. Location of Books for Audit (City) & (State)	
D. GA. Withholding Tax Numbers Payroll WH Number Nonresident WH Number		E. Number and Street		F. Country	G. Telephone Number
H. GA. Sales Tax Reg. No.		I. City or Town		J. State	K. Zip Code
L. Name (if different from last year's return)			M. Number and Street (if different from last year's return)		
N. City		O. State	P. Zip Code	Q. If no return was filed last year, state the reason why	
R. NAICS Code	S. Kind of Business		T. Date began doing business in GA	U. Basis of this return () CASH () ACCRUAL () OTHER	
V. Indicate latest taxable year adjusted by the IRS	W. Number of Partners	X. Do you have Nonresident Partners? () Yes or () No	Y. Number of Nonresident Partners	Z. Amount of Nonresident Withholding paid for tax year	

COMPUTATION OF GEORGIA NET INCOME	(ROUND TO NEAREST DOLLAR)	SCHEDULE 1
1. Total Income for Georgia purposes (Line 12, Schedule 8)		1.
2. Income allocated everywhere (Attach Schedule)		2.
3. Business income subject to apportionment (Line 1 less Line 2)		3.
4. Georgia ratio (Schedule 7, Column 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 supporting Schedules must be attached. 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.

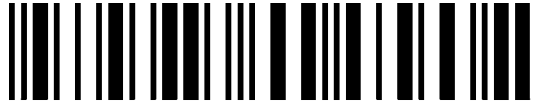
MAIL TO: Georgia Department of Revenue, Processing Center, PO Box 740315, Atlanta, Georgia 30374-0315

Signature of Partner (Must be signed by partner) _____ Signature of Preparer other than partner _____

I authorize the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Email Address _____ Preparer's Firm Name _____

Date _____ Preparer's SSN or PTIN _____ Date _____



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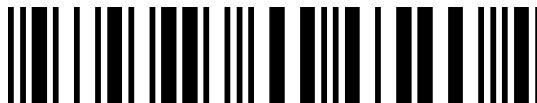
(Partnership) Name _____ FEIN _____

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

1. **Complete a separate schedule for each Credit Type Code.**
2. See the tax booklet for a list of credit type 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 for credits that are preapproved. If applicable, please enter the credit certificate number where indicated.
6. Before the Line 13 carryover is applied to next year, the amount must be reduced by any amounts elected to be applied to withholding in 2015 and by any carryovers that have expired.

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 Type Code			
2. Company Name			ID Number
Credit Certificate #	% of Credit		Credit Generated in 2015
3. Company Name			ID Number
Credit Certificate #	% of Credit		Credit Generated in 2015
4. Company Name			ID Number
Credit Certificate #	% of Credit		Credit Generated in 2015
5. Company Name			ID Number
Credit Certificate #	% of Credit		Credit Generated in 2015
6. Company Name			ID Number
Credit Certificate #	% of Credit		Credit Generated in 2015
7. Company Name			ID Number
Credit Certificate #	% of Credit		Credit Generated in 2015
8. Company Name			ID Number
Credit Certificate #	% of Credit		Credit Generated in 2015
9. Total available credit for 2015 (sum of Lines 2 through 8)			
10. Enter the amount of the credit sold (Conservation and Film Tax Credits)			
11. Total allocated to owners on Schedule 3			
12. Conservation or Film Tax Credits not sold or allocated to owners from previous years (do not include amounts elected to be applied to withholding)			
13. Potential carryover to 2016 (Line 9 less Lines 10 and 11 plus Line 12)			



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(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 type code. More than one credit type code can be entered on this schedule. However, additional schedules can be attached as needed.

	Credit Type Code	Name of Owner	ID Number of Owner	Amount Allocated	Credit Certificate #
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
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25.					
26.					
27.					
28.					
29.					
30.					
31.					
32.					
33.					
34.					



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(Partnership) Name _____ FEIN _____

INCOME TO PARTNERS		(ROUND TO NEAREST DOLLAR)		SCHEDULE 4
(1.) Name	(3.) City, State and Zip	Profit Sharing %	Georgia Source Income	
(2.) Street and Number	(4.) I.D. Number			
A	1.	5.	6.	
	2.			
	3.			
	4.			
B	1.	5.	6.	
	2.			
	3.			
	4.			
C	1.	5.	6.	
	2.			
	3.			
	4.			
D	1.	5.	6.	
	2.			
	3.			
	4.			
E	1.	5.	6.	
	2.			
	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. Net income or net profits taxes imposed by taxing jurisdictions other than Georgia		2.		
3. Expenses attributable to tax exempt income		3.		
4. Federal deduction for income attributable to domestic production activities (IRC section 199)		4.		
5. Intangible expenses and related interest costs		5.		
6. Captive REIT expenses and costs		6.		
7. Other additions (Attach schedule)		7.		
8. <input type="text"/>		8.		
9. Total (Add Lines 1 through 8) enter here and on Line 9, Schedule 8.....		9.		

SUBTRACTIONS FROM FEDERAL TAXABLE INCOME		(ROUND TO NEAREST DOLLAR)		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. <input type="text"/>		5.		
6. <input type="text"/>		6.		
7. Total (Add Lines 1 through 6) enter here and on Line 11, Schedule 8.....		7.		

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



1601704053

(Partnership) Name _____ FEIN _____

COMPUTATION OF TOTAL INCOME FOR GEORGIA PURPOSES (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)	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 gain (loss)	4d.	
e. Net long-term capital gain (loss)	4e.	
f. Other portfolio income (loss)	4f.	
5. Guaranteed payments to partners	5.	
6. Net gain (loss) under Section 1231	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.	

Other Required Federal Information

1. Salaries and wages (Form 1065)	1.	
2. Taxes and licenses (Form 1065)	2.	
3. Section 179 deduction (Form 1065)	3.	
4. Contributions (Form 1065)	4.	
5. Investment interest expense (Form 1065)	5.	
6. Section 59(e)(2) expenditures (Form 1065)	6.	