



1801704015

Georgia Form 700 (Rev. 06/22/17) Page 1

Partnership Tax Return

Georgia Department of Revenue

2017 Income Tax Return Beginning Ending

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

Form with fields: A. Federal Employer ID No., B. Name, C. Location of Records for Audit (City)&(State), D. GA Withholding Tax 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, M. Number and Street, N. City, O. State, P. Zip Code, Q. If no return was filed last year, state the reason why, R. NAICS Code, S. Type of Business, T. Date began doing business in GA, U. Accounting Method, V. Indicate latest taxable year adjusted by the IRS, W. Number of K-1s, X. Do you have Nonresident Partners?, Y. Number of Nonresident K-1s, Z. Amount of Nonresident Withholding paid for tax year

COMPUTATION OF GEORGIA NET INCOME

(ROUND TO NEAREST DOLLAR)

SCHEDULE 1

Table with 7 rows and 2 columns: Description of income items and corresponding line numbers (1-7).

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.

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

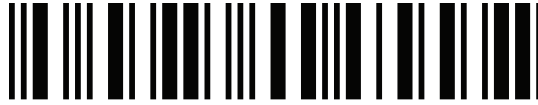
Check the box to authorize the Georgia Department of Revenue to discuss the contents of this return with the named preparer.

Preparer's Firm Name

Date

Preparer's SSN or PTIN

Date



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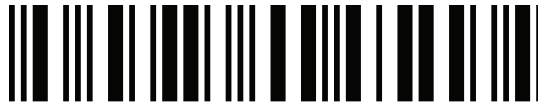
(Partnership) Name _____ FEIN _____

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

1. **Complete a separate schedule for each Credit 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 next year, the amount must be reduced by any amounts elected to be applied to withholding in 2017 and by any carryovers that have expired and by any amounts that are subsequently sold.

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 Code		
2. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated in 2017
3. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated in 2017
4. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated in 2017
5. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated in 2017
6. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated in 2017
7. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated in 2017
8. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated in 2017
9. Total available credit for 2017 (sum of Lines 2 through 8)		9.
10. Enter the amount of credit sold (Conservation Tax Credits, Film Tax Credits, and certain Historic Rehabilitation Tax Credits)		10.
11. Total allocated to owners on Schedule 3		11.
12. Credit used on Form IT-CR		12.
13. Conservation or Film Tax Credits or certain Historic Rehabilitation Tax Credits not sold or allocated to owners from previous years (do not include amounts elected to be applied to withholding)		13.
14. Potential carryover to 2018 (Line 9 less Lines 10, 11, 12 plus Line 13)		14.



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

	Credit 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.					
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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 (Loss) Sharing %	Georgia Source Income	
(2.) Street and Number	(4.) ID 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).....				



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(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.	