



2401704012

Georgia Form 700 (Rev. 06/21/23) **Page 1****Partnership Tax Return** (Approved web version)

Georgia Department of Revenue

2023Income Tax Return **Beginning** _____**Ending** _____

Original Return	Amended Return	Amended Due to IRS Audit	Name Change	Address Change	Final Return	Composite Return Filed	Extension
Partnership elects to pay the tax at the entity level		UET Annualization Exception attached					

A. Federal Employer ID No. B. Name C. Location of Records for Audit (City, State & Country)

D. GA Withholding Tax Number E. Street Address F. Country G. Telephone Number
Payroll WH Number Nonresident WH Number

H. GA Sales Tax Reg. No. I. City or Town J. State K. Zip Code

L. NAICS Code M. Type of Business N. Date began doing business in GA O. Accounting Method
CASH ACCRUAL OTHERP. Latest taxable year Q. Total Number R. Do you have S. Total Number of T. Amount of Nonresident Withholding paid for tax year
adjusted by the IRS of K-1s Nonresident Partners? Nonresident K-1s by the partnership
Yes or NoU. State Partnership Representative V. State Partnership Representative's W. State Partnership Representative's
if different than Federal Telephone Number Email Address**COMPUTATION OF GEORGIA TAXABLE INCOME AND TAX**

(ROUND TO NEAREST DOLLAR)

SCHEDULE 1

- | | |
|---|----|
| 1. Georgia Net Income (from Schedule 2, Line 7)..... | 1. |
| 2. Additional Georgia Taxable Income (See instructions)..... | 2. |
| 3. Total Income (Add Lines 1 and 2) | 3. |
| 4. Georgia Net Operating Loss Deduction (from Schedule 9; See IT-711 instructions for 80% limitation) | 4. |
| 5. Passive Loss/Capital Loss Deduction (attach Schedule; See instructions)..... | 5. |
| 6. Total Georgia Taxable Income (Line 3 less Lines 4 and 5)..... | 6. |
| 7. Income Tax (5.75% x Line 6)..... | 7. |



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(Partnership) Name _____

FEIN _____

COMPUTATION OF GEORGIA NET INCOME	(ROUND TO NEAREST DOLLAR)	SCHEDULE 2
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. Georgia Net Income (Add Line 5 and Line 6)		7.

COMPUTATION OF TAX DUE OR OVERPAYMENT	(ROUND TO NEAREST DOLLAR)	SCHEDULE 3
1. Total Tax (Schedule 1, Line 7)		1.
2. Credits and payments of estimated tax		2.
3. Credits used from Schedule 10 (must be filed electronically)		3.
4. Withholding Credits (G2-A, G2-LP and/or G2-RP)		4.
5. Balance of tax due (Line 1 less Lines 2, 3, and 4; if zero or less enter zero)		5.
6. Amount of overpayment (Lines 2, 3, 4 and less Line 1)		6.
7. Interest due		7.
8. Form 600UET (Estimated tax penalty)		8.
9. Other penalties due (See instructions)		9.
10. Amount Due (See instructions)		10.
11. Amount to be credited to 2024 estimated tax		11.
12. If you are due a refund (Line 6 less Lines 7, 8, 9 and 11)		12.

Copy of the Federal Return and supporting Schedules must be attached if filing by paper. Otherwise this return shall be deemed incomplete.

Make check payable to: Georgia Department of Revenue

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

DIRECT DEPOSIT OPTIONS

A. Direct Deposit (For U.S. Accounts Only) See booklet for further instructions. **If Direct Deposit is not selected, a paper check will be issued.**

Type: Checking	Savings	Routing Number
		Account Number

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.

Signature of Partner (Must be signed by partner)

Signature of Preparer other than partner

By providing my e-mail address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my accounts.

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

E-mail Address

Preparer's Firm Name

Date

Preparer's SSN or PTIN

Date



2401704032

(Partnership) Name _____

FEIN _____

INCOME TO PARTNERS

(ROUND TO NEAREST DOLLAR)

SCHEDULE 4

	(1.) Name (2.) Street and Number	(3.) City, State, Zip and Country (if Foreign) (4.) ID Number	Profit (Loss) Sharing % 5.	Georgia Source Income 6.
A	1. 2. 3. 4.			
B	1. 2. 3. 4.			
C	1. 2. 3. 4.			
D	1. 2. 3. 4.			
E	1. 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. Reserved.....	4.
5. Intangible expenses and related interest costs	5.
6. Captive REIT expenses and costs	6.
7. Other additions (Attach Schedule)	7.
8. Total (Add Lines 1 through 7) enter here and on Line 9, Schedule 8.....	8.

SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

(ROUND TO NEAREST DOLLAR)

SCHEDULE 6

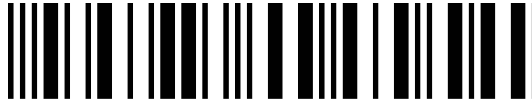
1. Interest on obligations of United States (must be reduced by direct and indirect interest expenses)	1.
2. Exception to intangible expenses and related interest cost (Attach IT-Addback).....	2.
3. Exception to captive REIT expenses and costs (Attach IT-REIT).....	3.
4. Other subtractions (Attach Schedule)	4.
5. Total (Add Lines 1 through 4) enter here and on Line 11, Schedule 8.....	5.

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 8) | 9. |
| 10. Total (add Lines 8 and 9) | 10. |
| 11. Subtractions from Federal income (Schedule 6, Line 5) | 11. |
| 12. Total income for Georgia purposes (Line 10 less Line 11) | 12. |



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(Partnership) Name _____

FEIN _____

GA NOL Carry Forward Worksheet

(ROUND TO NEAREST DOLLAR)

SCHEDULE 9

Current Year NOL Type:

(Only select one type of loss)

Normal Loss

Farm Loss

Insurance Loss

A	B	C	D	E	F
Loss Year	Loss Amount	Income Year	NOL Utilized	Balance	Remaining NOL
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

1. NOL Carry Forward Available to Current Year.....
2. Current Year Income/(Loss) (Schedule 1, Line 3).....
3. NOL from Taxable Years Beginning on or after 1/1/2018 Applied to Current Year
(Cannot exceed 80% of Line 2, see instructions for more information) (Enter on
Schedule 1, Line 4).....
4. NOL Carry Forward Available to Next Year (Line 1 less Line 3 plus any loss amount on Line 2)

INSTRUCTIONS**Column A:** List the loss year(s).**Column B:** List the loss amount for the tax year listed in Column A.**Columns C & D:** List the years in which the losses were utilized and the amount utilized each year.**Column E:** List the balance of the NOL after each year has been applied. (Column B less Column D).**Column F:** List the remaining NOL applicable to each loss year.

Total the remaining NOL (Col. F) and enter in the space at the bottom of the worksheet for "NOL Carry Forward Available to Current Year". Then insert "Current Year Income/(Loss)" in the space provided and compute the remainder of the schedule. Create photocopies as needed. See example worksheet in IT-711 instructions.



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(Partnership) Name _____

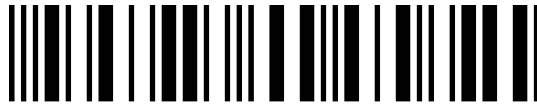
FEIN _____

CREDIT USAGE AND CARRYOVER

(ROUND TO NEAREST DOLLAR)

SCHEDULE 10

TO
CLAIM
TAX
CREDITS YOU
MUST FILE
ELECTRONICALLY



2401704072



(Partnership) Name _____

FEIN _____

CREDIT ALLOCATION TO OWNERS

(ROUND TO NEAREST DOLLAR)

SCHEDULE 11

TO
CLAIM
TAX
CREDITS YOU
MUST FILE
ELECTRONICALLY

