



2501404016

Georgia Form 600 (Rev. 07/23/24) Page 1

Corporation Tax Return (Approved web version)
Georgia Department of Revenue

2024 Income Tax Return

Beginning

Ending

2025 Net Worth Tax Return

Beginning

Ending

- Original Return, Address Change, Cease Filing Consolidated, UET Annualization Exception attached, Initial Net Worth, Name Change, Consolidated GA Parent Return, IT-552 attached, Amended Return, Final (attach explanation), GA Consolidated Subsidiary, Extension attached, Amended due to IRS Audit, PL 86-272, Consolidated Parent FEIN

- A. Federal Employer ID Number, B. Name (Corporate title) Please give former name if applicable, C. GA Withholding Tax Account Number, D. Business Address (Number and Street), E. GA Sales Tax Registration Number, F. City or Town, G. State, H. Zip Code, I. Foreign Country Name, J. NAICS Code, K. Date of Incorporation, L. State of Incorporation, M. Date admitted into GA, N. Type of Business, O. Location of Records for Audit:City, State, Country, P. Corporation's Telephone Number, Q. Latest taxable year adjusted by IRS, R. And when reported to Georgia, S. Corporation Representative's Telephone Number, T. Corporation Representative's Name, U. Corporation Representative's Email Address

COMPUTATION OF GEORGIA TAXABLE INCOME AND TAX (ROUND TO NEAREST DOLLAR) SCHEDULE 1

Table with 2 columns: Description and Line Number. Rows include Federal Taxable Income, Additions to Federal Income, Total, Subtractions from Federal Income, Balance, Georgia Net Operating loss deduction, Georgia Taxable Income, Passive Loss/Capital Loss Deduction, Georgia Taxable Income after Passive Loss/Capital Loss Deduction, and Income Tax.

COMPUTATION OF NET WORTH TAX (ROUND TO NEAREST DOLLAR) SCHEDULE 2

Table with 2 columns: Description and Line Number. Rows include Total Capital stock issued, Paid in or Capital surplus, Total Retained earnings, Net Worth (Total of Lines 1, 2, and 3), Ratio (GA. and Dom. For. Corp.-100%) (Foreign Corp. - Line 4, Sch. 8), Net Worth Taxable by Georgia (Line 4 x Line 5), and Net Worth Tax (from table in instructions).



2501404026

(Corporation) Name \_\_\_\_\_

FEIN \_\_\_\_\_

**COMPUTATION OF TAX DUE OR OVERPAYMENT** (ROUND TO NEAREST DOLLAR) **SCHEDULE 3**

	A. Income Tax	B. Net Worth Tax	C. Total
1. Total Tax (Schedule 1, Line 10 and Schedule 2, Line 7) .....			1.
2. Credits and payments of estimated tax.....			2.
3. Schedule 10* Credits (must be filed electronically).....			3.
4. Withholding Credits (G2-A, G2-LP, and/or G2-RP).....			4.
5. Schedule 10B Refundable tax credits (must be filed electronically)			5.
6. Balance of tax due (Line 1, less Lines 2, 3, 4, and 5).....			6.
7. Amount of overpayment (Lines 2, 3, 4, and 5 less Line 1)....			7.
8. Interest due (See Instructions) .....			8.
9. Form 600 UET (Estimated tax penalty) .....			9.
10. Other penalty due (See Instructions) .....			10.
11. Amount Due (See Instructions).....			11.
12. Amount to be credited to 2025 estimated tax (Line 7 less Lines 8-10)		Refund	12.

**\*NOTE:** Any tax credits from Schedule 10 may be applied against income tax liability only, **not** net worth tax liability.

**SEE PAGE 3 SIGNATURE SECTION FOR DIRECT DEPOSIT OPTIONS**

**ADDITIONS TO FEDERAL TAXABLE INCOME** (ROUND TO NEAREST DOLLAR) **SCHEDULE 4**

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. Expense attributable to tax exempt income .....	3.
4. Net operating loss deducted on Federal return .....	4.
5. Reserved .....	5.
6. Intangible expenses and related interest cost .....	6.
7. Captive REIT expenses and costs .....	7.
8. Other Additions (Attach Schedule) .....	8.
9. TOTAL - Enter also on Line 2, Schedule 1 .....	9.

**SUBTRACTIONS FROM FEDERAL TAXABLE INCOME** (ROUND TO NEAREST DOLLAR) **SCHEDULE 5**

1. Interest on obligations of United States (must be reduced by direct and indirect interest expense) 1.	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 (Must Attach Schedule) .....	4.
5. TOTAL - Enter also on Line 4, Schedule 1 .....	5.

**APPORTIONMENT OF INCOME** **SCHEDULE 6**

	A. WITHIN GEORGIA	B. EVERYWHERE	C. DO NOT ROUND COL (A) / COL (B) COMPUTE TO SIX DECIMALS
1. Gross receipts from business.....	1.		
2. Georgia Ratio (Divide Column A by Column B).....	2.		

**COMPUTATION OF GEORGIA NET INCOME** (ROUND TO NEAREST DOLLAR) **SCHEDULE 7**

1. Net business income (Schedule 1, Line 5) .....	1.
2. Income allocated everywhere (Must Attach Schedule).....	2.
3. Business income subject to apportionment (Line 1 less Line 2) .....	3.
4. Georgia Ratio (Schedule 6, 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 of Lines 5 and 6 .....	7.
8. Less: Net operating loss apportioned to GA (from Schedule 9, see IT-611 80% instructions) .....	8.
9. Georgia taxable income (Enter also on Schedule 1, Line 7) .....	9.



2501404036

(Corporation) Name \_\_\_\_\_

FEIN \_\_\_\_\_

COMPUTATION OF GEORGIA NET WORTH RATIO

(TO BE USED BY FOREIGN CORPS ONLY)

SCHEDULE 8

	A. WITHIN GEORGIA	B. TOTAL EVERYWHERE	C. GA Ratio (A/B) DO NOT ROUND COMPUTE TO SIX DECIMALS
1. Total value of property owned (Total assets from Federal balance sheet)	1.		
2. Gross receipts from business .....	2.		
3. <b>Totals</b> (Line 1 plus Line 2).....	3.		
4. Georgia Ratio (Divide Line 3A by 3B).....	4.		

**A copy of the Federal Return and supporting Schedules must be attached if filing by paper. No extension of time for filing will be allowed unless a copy of the request for a Federal extension or Form IT-303 is attached to this return.**

**Make check payable to:** Georgia Department of Revenue

**Mail to:** Georgia Department of Revenue, Processing Center, PO Box 740397, Atlanta, Georgia 30374-0397

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: <b>Checking</b>	<b>Savings</b>	<b>Routing Number</b>
		<b>Account Number</b>

**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.

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 account(s).

Taxpayer's E-mail Address:

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

\_\_\_\_\_  
SIGNATURE OF OFFICER

\_\_\_\_\_  
SIGNATURE OF INDIVIDUAL OR FIRM PREPARING THE RETURN

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
FIRM PREPARING THE RETURN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PREPARER'S PHONE NUMBER

\_\_\_\_\_  
PREPARER'S FEIN/SSN/PTIN



2501404046

(Corporation) Name \_\_\_\_\_

FEIN \_\_\_\_\_

GA NOL Carry Forward Worksheet

(ROUND TO NEAREST DOLLAR)

SCHEDULE 9

Current Year NOL Type:

(Only select one type of loss)

Normal NOL

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 5 or Schedule 7, Line 7).....
- 3. NOL from Taxable Years Beginning before 1/1/2018 Applied to Current Year.....
- 4. 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)
- 5. Total NOL applied.....  
(Add Lines 3 and 4, Enter on Schedule 1, Line 6 or Schedule 7, Line 8)\*
- 6. NOL Carry Forward Available to Next Year.....  
(Line 1 less Line 5 plus any loss amount on Line 2)

INSTRUCTIONS

\* Cannot Exceed the Current Year Income Reported on Line 2.

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 additional copies as needed. See example worksheet in IT-611 instructions.



2501404056

(Corporation) Name \_\_\_\_\_ FEIN \_\_\_\_\_

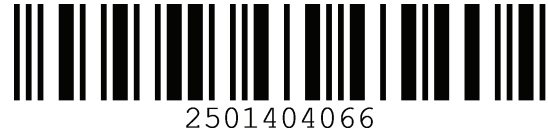
**CREDIT USAGE AND CARRYOVER** (ROUND TO NEAREST DOLLAR) **SCHEDULE 10**

1. Complete a separate schedule for each Credit Code.
2. Total the amounts on Line 13 of each schedule and enter the total on the credit line of the return.
3. If there is a credit eligible for carryover to this tax year, please complete a schedule even if the credit is not used for this tax year.
4. See the tax booklet for a list of credit codes.
5. 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.
6. If the credit for a particular credit code originated with more than one person or company, enter separate information on Lines 3 through 9 below.
7. 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.
8. Before the Line 14 carryover is applied to the next tax year, the amount must be reduced by any amounts elected to be applied to withholding for this tax year and by any carryovers that have expired.

**For the credit generated this tax year, list the Company Name, ID number, and Credit Certificate number if applicable. Purchased credits and credits received from an assignment should also be included. If the credit originated with this taxpayer, enter this taxpayer's name and ID# below.**

1. Credit Code	
2. Credit remaining from previous years (do not include amounts elected to be applied to withholding)	
3. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
4. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
5. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
6. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
7. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
8. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
9. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
10. Total available credit for this tax year (sum of Lines 2 through 9)	10.
11. Enter the amount assigned to affiliated entities (see Schedule 11)	11.
12. Enter the amount of the credit sold (only certain credits can be sold; see instructions)	12.
13. Credit used for this tax year (enter here and on Schedule 3, Line 3)	13.
14. Potential carryover to next tax year (Line 10 less Lines 11,12, and 13)	14.

Page 6
SCHEDULE 10B



2501404066

(Corporation) Name \_\_\_\_\_ FEIN \_\_\_\_\_
REFUNDABLE TAX CREDITS (ROUND TO NEAREST DOLLAR) SCHEDULE 10B

- 1. Complete a separate schedule for each Credit Code.
2. Total the amounts on Line 13 of each schedule and enter the total on the credit line of the return.
3. If there is a credit eligible for carryover to this tax year, please complete a schedule even if the credit is not used for this tax year.
4. See the tax booklet for a list of credit codes.
5. See the relevant forms, statutes, and regulations to determine how the credit is allocated to the owners and, to determine when carryovers expire.
6. If the credit for a particular credit code originated with more than one person or company, enter separate information on Lines 3 through 9 below.
7. 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.
8. Before the Line 14 carryover is applied to the next tax year, the amount must be reduced by any amounts elected to be applied to withholding for this tax year and by any carryovers that have expired.

For the credit generated this tax year, list the Company Name, ID number, and Credit Certificate number if applicable. Purchased credits and credits received from an assignment should also be included. If the credit originated with this taxpayer, enter this taxpayer's name and ID# below.

Note: A purchased Timber Tax Credit is not a refundable tax credit. Use Schedule 10 if the Timber Tax Credit was purchased.

Table with 4 columns: Line Number, Description, ID Number, Credit Generated this Tax Year. Rows 1-14.



2501404076

(Corporation) Name \_\_\_\_\_ FEIN \_\_\_\_\_  
**ASSIGNED TAX CREDITS** (ROUND TO NEAREST DOLLAR) **SCHEDULE 11**

Georgia Code Section 48-7-42 provides that in lieu of claiming any Georgia income tax credit for which a taxpayer otherwise is eligible for the taxable year, the taxpayer may elect to assign credits in whole or in part to one or more "affiliated entities". The term "affiliated entities" is defined as:

- 1) A corporation that is a member of the taxpayer's affiliated group within the meaning of Section 1504(a) of the Internal Revenue Code; or
- 2) An entity affiliated with a corporation, business, partnership, or limited liability company taxpayer, which entity:
  - (a) Owns or leases the land on which a project is constructed;
  - (b) Provides capital for construction of the project; and
  - (c) Is the grantor or owner under a management agreement with a managing company for the project.

No carryover attributable to the unused portion of any previously claimed or assigned credit may be assigned or reassigned, except if the assignor and the recipient of an assigned tax credit cease to be affiliated entities, then any carryover attributable to the unused portion of the credit is transferred back to the assignor of the credit. The assignor is permitted to use any such carryover and also shall be permitted to assign the carryover to one or more affiliated entities, as if such carryover were an income tax credit for which the assignor became eligible in the taxable year in which the carryover was transferred back to the assignor. In the case of any credit that must be claimed in installments in more than one taxable year, the election under this subsection may be made on an annual basis with respect to each such installment. For additional information, please refer to Georgia Code Section 48-7-42.

If the corporation filing this return is assigning tax credits to other affiliates, please provide detail below specifying where the tax credits are being assigned.

**All assignments of credits must be made before the statutory due date of the return (including extensions) per O.C.G.A. § 48-7-42 (b).**

Credit Code	Corporation Name	FEIN	Amount of Credit	Credit Certificate # (if applicable )
1.				1.
2.				2.
3.				3.
4.				4.
5.				5.
6.				6.
7.				7.
8.				8.



2501404086

(Corporation) Name \_\_\_\_\_

FEIN \_\_\_\_\_

MEMBERS TO BE INCLUDED IN THE GEORGIA CONSOLIDATED GROUP

SCHEDULE 12

All members (Parent and Subsidiaries) included in the Georgia consolidated group must be listed.

Column A: Enter the Georgia Parent corporation on Line 1. List the subsidiary members included in the consolidated group on the remaining lines. If you have more than 25 group members, attach additional Schedule 12(s).

Column B: Enter the Federal Employer Identification Number (FEIN) for each member in the consolidated group.

Column C: Enter the Net Worth tax amount listed on Schedule 2, Line 7 for each member in the Georgia group, including the Parent corporation.

Line 26: Enter the total Net Worth tax from all additional Schedule 12(s).

Line 27: Add lines 1 through 26. Enter the total Net Worth Tax and enter this amount on Schedule 3, Line 1B.

	A Name of Member	B FEIN	C Net Worth Tax
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
26.	Enter total Net Worth Tax from all Additional Schedule 12(s).....		26.
27.	Total Net Worth Tax, add lines 1 through 26. (Enter on Schedule 3, Line 1B) .....		27.