GEORGIA HEART[®] HOSPITAL PROGRAM

Helping Enhance Access to Rural Treatment

2017 HEART Tax Credit Form

Complete this Form to authorize Georgia HEART to submit your application to the Georgia Department of Revenue ("DOR")

Send to Georgia HEART by emailing to: heart@georgiaheart.org or faxing to: 1-877-478-4625

Please complete the following fields:

	Select Tax Filing Status	Tax Credit Limit
	Individual Filer	90% of the amount contributed or \$5,000 per tax year, whichever is less
	Married Filing Jointly	90% of the amount contributed or \$10,000 per tax year, whichever is less
	C Corporation or Trust	90% of the amount contributed or 75% of your Georgia income tax liability, whichever is less
Taxpave	r's Name:	SSN:
	Name:	
Address:		Phone:
City:	State: Zip	e: E-mail:
Contribu	tion Amount:	75% of estimated GA income tax liability: (for C Corps & Trusts only)
dona	te more than the maximum tax credit amount.	alifies for a tax credit. To obtain the maximum credit, you must For example, to be eligible for the maximum \$10,000 tax credit, a te \$11,111 (\$10,000 divided by .9). Please consult your tax advisor.
🗌 Desi	gnated Rural Hospital Organization: Ef	fingham Health System
<u>OR</u>		
Please	se designate a rural hospital organization	on for me / us. (We will inform you about our selection).
Authoriz	ation:	
		17 HEART Form to the GA DOR; I commit to making payment i oved contribution amount within 60 days of DOR approval.
appro	val to the taxpayer. Once DOR approval has be	bmit this application to DOR for pre-approval. DOR has 30 days to provide een received, the taxpayer will have 60 days to submit payment made tion and sent to Georgia HEART for deposit into the hospital's account.

Thank you for submitting your 2017 HEART Tax Credit form!