GEORGIA HEART HOSPITAL PROGRAM Helping Enhance Access to Rural Treatment

2018 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: <u>heart@georgiaheart.org</u> or faxing to: 470-240-2961.

	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
Taxpayer	's Name:	SSN:
Spouse's	Name:	SSN:
Address:		Phone:
City:	State: Z	Zip: E-mail:
Contribu [.]	tion Amount:	_ 75% of estimated GA income tax liability: (for C Corps & Trusts only)
donat	te more than the maximum tax credit amour	t qualifies for a tax credit. To obtain the maximum credit, you must unt. For example, to be eligible for the maximum \$10,000 tax credit, ibute \$11,111 (\$10,000 divided by .9). Please consult your tax advisc
X Desig	nated Rural Hospital Organization:	Effingham Hospital
<u>OR</u>		
Pleas	e designate a rural hospital organizat	ation for me / us. (We will inform you about our selection
Authoriz	ation:	
	-	2018 HEART Form to the GA DOR; I commit to making pa proved contribution amount within 60 days of DOR appr
approv	val to the taxpayer. Once DOR approval has	submit this application to DOR for pre-approval. DOR has 30 days to s been received, the taxpayer will have 60 days to submit payment n ization and sent to Georgia HEART for deposit into the hospital's acc
	Thank you for submitt	ting your 2018 HEART Tax Credit form!