

2020 HEART Tax Credit Form

Complete this Form to authorize Georgia HEART to submit your application to the Georgia Department of Revenue ("DOR") on January 2nd, 2020.

Email to Georgia HEART at heart@georgiaheart.org.

Select Tax Filing Status	Tax Credit Limit
<input type="checkbox"/> Individual Filer	May contribute up to \$5,000 for a 100% Georgia income tax credit
<input type="checkbox"/> Married Filing Jointly	May contribute up to \$10,000 for a 100% Georgia income tax credit
<input type="checkbox"/> Individual Owner of a Pass-Through Entity	May contribute up to \$10,000 for a 100% Georgia income tax credit, so long as individual would have paid Georgia income tax in that amount on share of taxable income from pass-through entity
<input type="checkbox"/> C Corporation or Trust	May contribute up to 75% of the corporation or trust's income tax liability for a 100% Georgia income tax credit

Taxpayer's Name: _____

SSN: _____

Spouse's Name: _____

SSN: _____

Address: _____

Phone: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Contribution Amount: _____

75% of estimated GA income tax liability: _____
(for C Corps & Trusts only)

Designated Rural Hospital Organization: COLQUITT REGIONAL MEDICAL CENTER, MOULTRIE

OR

Please designate a rural hospital organization for me / us. (We will inform you about our selection).

Owner of Pass-Through Entity Only:

- Who listed above is the pass-through entity owner? _____
- Are you a Single, Married Joint or Married Separate Tax Filer?
- Please list owner's estimated 2019 net income from pass-through ownership: _____
- If a Married Joint Filer, do both spouses have pass-through ownership? Yes No
- If Yes, please list spouse's estimated 2019 net income from pass-through ownership: _____

Authorization:

I authorize Georgia HEART to submit my 2020 HEART Form to the GA DOR; I commit to making payment in 2020; and I commit to funding my full approved contribution amount within 180 days of DOR approval.

With taxpayer authorization, Georgia HEART will submit this application to DOR for pre-approval. DOR has 30 days to provide approval to the taxpayer. Once DOR approval has been received, the taxpayer will have 180 days to submit payment made payable to their designated Rural Hospital Organization and sent to Georgia HEART for deposit into the hospital's account.

Thank you for submitting your 2020 HEART Tax Credit Form!