

GEORGIA HEART™
HOSPITAL PROGRAM
Helping Enhance Access to Rural Treatment

Request an Estimate of Net After-Tax Benefit Cost of Contribution

To request an estimate of the net after-tax benefit cost of contributing to a participating Georgia HEART rural hospital organization, please complete the following fields and submit the form to Georgia HEART by scanning and emailing it to heart@georgiaheart.org or faxing to: 1-877-478-4625. A member of the Georgia HEART staff will email you the estimated cost or benefit of contributing the amount specified on your HEART Tax Credit Form. This calculation is only an estimate, so please consult your tax advisor.

To request an estimate of the net after-tax benefit cost of contributing to your qualified rural hospital organization, please answer the following questions:

Taxpayer Name: _____

Email Address: _____

Contribution Amount (only 90% of your contribution will qualify for a tax credit): _____

Designated Rural Hospital Organization: _____

What is your taxpayer filing status?

- Individual Filer
- Married Filing Jointly

Do you file using the standard deduction or itemized deductions?

- Standard Deduction
- Itemized Deductions

Please select your Marginal Federal Tax Rate:

- 10%
- 15%
- 25%
- 28%
- 33%
- 35%
- 39.6%

Are you an AMT (Alternative Minimum Tax) Filer?

- Yes
- No