

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: heart@georgiaheart.org or faxing to: 470-240-2961.

	Select Tax Filing Status	Tax Credit Limit	
	Individual Filer	100% of the amount contributed or \$5,556 per tax year, whichever is less	
	Married Filing Jointly	100% of the amount contributed or \$11,111 per tax year, whichever is less	
	C Corporation or Trust	100% 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: Zip	o: E-mail:	
Contribution Amount: 75% of estimated GA income tax liability: (for C Corps & Trusts only)			
from Janu	ary 1, 2018 until June 30, 2018 will be allowed	not been reached, any individual donor that made or makes a d 100% of the donation that was used to arrive at the amount ed filing joint taxpayer and \$5,556 for all other individual taxp	of credit
Desig	nated Rural Hospital Organization:		
<u>OR</u>			
Please	e designate a rural hospital organization	on for me / us. (We will inform you about our selec	tion).
<u>Authoriza</u>	ation:		
		118 HEART Form to the GA DOR; I commit to making oved contribution amount within 60 days of DOR a	
approv	al to the taxpayer. Once DOR approval has be	bmit this application to DOR for pre-approval. DOR has 30 day een received, the taxpayer will have 60 days to submit payme tion and sent to Georgia HEART for deposit into the hospital's	nt made

Thank you for submitting your 2018 HEART Tax Credit Form!