

2017 GOAL Tax Credit Form

Complete this Form to authorize GOAL to submit your application to DOR for a 2017 Tax Credit

Send to GOAL by emailing to: goal@goalscholarship.org
or faxing to: 1-877-478-4625

Complete the following fields:

Select Tax Filing Status	Tax Credit Limit
<input type="checkbox"/> Individual Filer	up to \$1,000
<input type="checkbox"/> Married Filing Jointly	up to \$2,500
<input type="checkbox"/> Married Filing Separately	up to \$1,250
<input type="checkbox"/> Individual Owner of S-Corp, LLC, or Partnership (Pass-Through Entity)	up to \$10,000
<input type="checkbox"/> C Corporation or Trust	up to 75% of GA Tax Liability

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 School: _____

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 2017 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 2017 net income from pass-through ownership: _____

Please keep me informed about legislative developments:

- Please keep me informed about legislative developments directly affecting the existing Education Expense Credit law, so that – if I so desire – I may reach out to my legislators encouraging them to preserve, protect and expand the program.

Authorization:

- I authorize GOAL to submit my 2017 GOAL Form to the GA DOR; I commit to making payment in 2017; and I commit to funding my full approved contribution amount within 60 days of DOR approval.