

2019 GOAL Tax Credit Form

Complete this Form to authorize GOAL to submit your application to DOR for a 2019 Tax Credit

Send to GOAL via secure eFax at: 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 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: _____
- Name of Pass-Through Entity _____

Please keep me informed about legislative developments.

Please keep me informed if there is any legislative activity surrounding this program in 2019, so that I may reach out to my legislators as needed.

Authorization:

- I authorize GOAL to submit my 2019 GOAL Form to the GA DOR, I commit to making payment in 2019, and to funding my full approved contribution amount within 60 days of DOR approval.

Please note, the DOR is now requiring electronically filed tax returns in order to claim many Georgia income tax credits, including the Qualified Education Expense credit.