



2018 GEORGIA RURAL HOSPITAL TAX CREDIT

Tax Filing Status	Tax Credit Limit
<input type="checkbox"/> Individual Filer	90% of the amount contributed or \$5,000 per tax year, whichever is less. To be eligible for the maximum tax credit you must contribute \$5,556.00
<input type="checkbox"/> Married Filing Jointly	90% of the amount contributed or \$10,000 per tax year, whichever is less. To be eligible for the maximum tax credit you must contribute \$11,112.00
<input type="checkbox"/> C Corporation or Trust	90% of the amount contributed or 75% of your Georgia income tax liability, whichever is less.

Taxpayer's Name: _____ SSN: _____

Spouse's Name: _____ SSN: _____

** Federal Adjusted Gross Income for 2017: _____

** State Tax Liability for 2017: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Contribution Amount: _____

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

I authorize Stephens County Hospital to submit my 2018 Georgia Rural Hospital Tax Credit Information to the Georgia Department of Revenue; I commit to making payment in 2018; and I Commit to funding my full approved contribution amount within 60 days of Department of Revenue approval.

With taxpayer authorization, Stephens County Hospital will submit this information to the Georgia Department of Revenue for pre-approval. The Georgia Department of Revenue has 30 days to provide approval to the taxpayer. Once approval has been received, the taxpayer will have 60 days to submit payment to Stephens County Hospital.

**** NOTE: Information needed only if Stephens County Hospital is establishing an account on the Georgia Tax Center website on behalf of the Donor.**