

2018 GOAL Tax Credit Form

Complete this Form to authorize GOAL to submit your application to DOR for a 2018 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	
	☐ Individual Filer	up to \$1,000	
	☐ Married Filing Jointly	up to \$2,500	
	☐ Married Filing Separately	up to \$1,250]
	Individual Owner of S-Corp, LLC, or Partnership (Pass-Through Entity)	up to \$10,000	
	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 Amou	-	% of estimated GA income ta (for C Corps & Trusts onl	· · · · · · · · · · · · · · · · · · ·
Owner of Pass-Thr	ough Entity Only:		
1) Who listed abov	e is the pass-through entity owner?		
2) Are you a Sing	gle, Married Joint or Married Separate	e Tax Filer?	
3) Please list owner	r's estimated 2017 net income from pass-tl	nrough ownership:	_
4) If a Married Join	t Filer, do both spouses have pass-through	ownership? Yes No	
5) If Yes, please list	spouse's estimated 2017 net income from	pass-through ownership:	
Please keep me	e informed about legislative developm e informed so that I have the opportunicap on these tax credits in 2018.		f there is a chance of
Authorization:			
 -	AL to submit my 2018 GOAL Form to the my full approved contribution amount	· · · · · · · · · · · · · · · · · · ·	