





1206304023

Georgia Form IT-QEE-TP1 (Last Rev. 12/11)

Qualified Education Expense Credit Preapproval Form

Georgia Department of Revenue Version 1

Taxpayer Identification Number

Form for Taxpayer Identification Number (9-4-4)

B. ADDITIONAL INFORMATION FOR CONTRIBUTORS WHICH ARE SUBCHAPTER S CORPORATIONS FOR GEORGIA PURPOSES, PARTNERSHIPS, OR LIMITED LIABILITY COMPANIES

The contribution limits for these entities are calculated separately for each shareholder, partner, or member. As such on a separate schedule, the contributor must provide the following information for each shareholder, partner, or member.

- 1. Name, address and taxpayer identification number
2. Type of taxpayer (i.e. corporation, individual, etc.)
3. If individual, filing status (joint, married filing separate, single, or head of household)
4. If individual filing a joint return, the name and identification number of the joint filer
5. If corporation, 75% of estimated GA income tax liability
6. Tax Year end
7. Profit/loss percentage
8. Amount of intended contribution allocated to each shareholder, partner, or member based on the profit/loss percentage.

C. CERTIFICATION BY APPLICANT

Applicant certifies that all information contained above is true to his/her best knowledge and belief and is submitted for the purpose of obtaining preapproval from the Commissioner.

Date: Form for date (MM-DD-YYYY)

Applicant: Printed Name of Contributor (individual or entity)

Form for Printed Name of Contributor

Signature of Contributor (if an entity, an authorized officer or tax matters person)

If Contributor is an entity: Printed Name and Title of Person Signing for Entity:

Name: Form for Name

Title: Form for Title

Phone Number: Form for Phone Number

Submit page 1 and page 2 to: Georgia Department of Revenue, Qualified Education Expense Credit, 1800 Century Blvd NE, Suite 8107, Atlanta, GA 30345

D. FOR DEPARTMENT USE ONLY

DATE RECEIVED

Form for DATE RECEIVED (MM-DD-YYYY)

Based on the fifty million dollar cap and your intended contribution amount, you have been preapproved and

allocated Form for amount of qualified education expense credit for calendar

year Form for year

Approved by \_\_\_\_\_

Date Form for date (MM-DD-YYYY)



**Credit Card Authorization Form**

Card Type (circle one):    Visa    MasterCard    Discover    AMEX

Card Number: \_\_\_\_\_

Expiration date: \_\_\_/\_\_\_

Authorization Code: \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Contribution Amount: \$ \_\_\_\_\_

Designated School PERIMETER SCHOOL

**I hereby authorize Georgia GOAL Scholarship Program, Inc. to debit the above referenced account in the amount indicated.**

Signature: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Date of Signature: \_\_\_/\_\_\_/\_\_\_