



1943904013

Please print your numbers like this in black or blue ink:

9 8 7 6 5 4 3 2 1 0

Georgia Form IT-QRHOE-TP2 2019 (Rev. 07/12/19)

Qualified Rural Hospital Organization Expense Tax Credit Computation

Georgia Department of Revenue

This form is to be used for taxable years beginning on or after January 1, 2019

This form is the last step in the process of the qualified rural hospital organization expense tax credit. This form is completed by the taxpayer and attached to their income tax return when it is filed. This form is used to compute the qualified rural hospital organization expense tax credit.

FIRST NAME OR NAME OF ENTITY

MI

TAXPAYER IDENTIFICATION NUMBER

Grid for first name and MI

Grid for taxpayer identification number

DEPARTMENT USE ONLY

LAST NAME IF INDIVIDUAL

SUFFIX

Grid for last name

Grid for suffix

- Checkboxes for filing status: CORPORATION, INDIVIDUAL FILING SINGLE OR HEAD OF HOUSEHOLD, INDIVIDUAL FILING MARRIED JOINT RETURN, INDIVIDUAL FILING MARRIED SEPARATE RETURN, FIDUCIARY, INDIVIDUAL MEMBER OF A LIMITED LIABILITY COMPANY, SHAREHOLDER OF AN S CORPORATION OR PARTNER IN A PARTNERSHIP

If I deducted this amount from my Federal income, I added it back to my Georgia income tax. (If it was not, the credit cannot be claimed)

I did not designate this amount for a particular individual. (If you did, the credit cannot be claimed)

Did you receive the IT-QRHOE-RHO1 from the RHO?

Fill in all that apply A, B or C

A. Individuals

- 1. Total amount expended
2. Fill in the pre-approved amount here from the Form IT-QRHOE-TP1 that was returned to you by the Department.
3. Tentative credit allowed before income tax liability limitation. The lesser of line 1 or 2....

B. Individuals who are members of a Limited Liability Company, Shareholders of a Subchapter S Corporation or Partners in a Partnership

- 1. Total amount expended
2. Total amount preapproved
3. Georgia Income from Taxpayer selected pass through entities
4. Percentage Limitation (5.75%)
5. Multiply line 3 by line 4
6. Credit allowed. Lesser of lines 1, 2, or 5



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C. Corporations and Fiduciary

1. Total amount expended.....	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2. Total amount preapproved.....	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. Tax liability.....	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4. Percentage Limitation.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 75%
5. Multiply line 3 by line 4.....	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6. Credit allowed. Lesser of lines 1, 2, or 5	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Enter the credit allowed on the appropriate income tax form and attach this form.