

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

Qualified Rural Hospital Organization Expense Tax Credit Computation **Georgia Department of Revenue**

| Please | e pri | int yo | our nu | ımber | s like | this | in bla | ck or | blue | ink |
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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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|-------|------|------|--------|-----|---------|-----|------|-------|-------------|------|-----|-----|------|------|------|-----|-------|-------|-----|----|------|-----|----|---|---|---|------|---------|------|-----|------|----|
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| LAST NAI | AST NAME IF INDIVIDUAL SUFFIX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| CORPORATION INDIVIDUAL FILING SINGLE OR INDIVIDUAL FILING MARRIED 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 yo | u re | ece | ive | the | IT-C | ≀R⊦ | HOE | E-R | НО |)1 fr | om | the | e R | HO' | ? | | | | | | | | | | | | X | | | | | | | |
| Fill in all that apply A, B or C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 To | 1. Total amount expended | | | | | | | | | | | | 0 | 0 | | | | | | | | | | | | | | | | | | | | |
| 2. Fil | l in | the | pre | -ар | pro\ | /ed | l am | oui | nt h | nere | frc | om i | the | For | m IT | -QRI | HOE- | -TF | P1 tl | hat v | vas | re | turi | ned | to | Ī | 1 | 0 | C | , | 0 | 0 | | |
| you by the Department | | | | | | | | | | 0 | | | | | | | | | | | | | | | | | | | | | | | | |
| | B. Individuals who are members of a Limited Liability Company, Shareholders of a Subchapter S Corporation or Partners in a Partnership | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. To | otal | an | nou | nt e | xpe | nd | ed . | | | | | | | | | | | | | | | | | | ,[| | | |],[| | | |].[|)0 |
| 2. To | 2. Total amount preapproved | | | | | | | | | | | |)0 | | | | | | | | | | | | | | | | | | | | | |
| 3. Georgia Income from Taxpayer selected pass through entities | | | | | | | | | | | |)0 | | | | | | | | | | | | | | | | | | | | | | |
| 4. Percentage Limitation | | | | | | | | | | | 2 | | | | | | | | | | | | | | | | | | | | | | | |
| 5. M | lulti | iply | lin | e 3 | by | ine | ÷ 4 | | | | | | | | | | | | | | | L | | | Ļ | | | |],[| | | L |].[|)0 |
| 6. C | red | lit a | llov | ved. | Les | se | r of | lin | es | 1, 2 | <u>?,</u> o | r 5 | | | | | | | | | | | | | Ĺ | | | | J, L | | | | |)0 |



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Georgia Department of Revenue

| Enter the credit allowed on the appropriate income tax form and attach this form. | | | | | | | | | | |
|---|-----|--|--|--|--|--|--|--|--|--|
| 6. Credit allowed. Lesser of lines 1, 2, or 5 | | | | | | | | | | |
| 5. Multiply line 3 by line 4 | | | | | | | | | | |
| 4. Percentage Limitation | 75% | | | | | | | | | |
| 3. Tax liability | | | | | | | | | | |
| 2. Total amount preapproved | | | | | | | | | | |
| 1. Total amount expended | | | | | | | | | | |
| C. Corporations and Fiduciary | | | | | | | | | | |
| | | | | | | | | | | |