



2543904015

Georgia Form IT-QRHOE-TP2 2024 (Rev. 06/10/24)

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, 2024.

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
JOHN		111223333
LAST NAME IF INDIVIDUAL	SUFFIX	TAX YEAR ENDING DATE
DOE		

<input type="checkbox"/> ELECTING S CORPORATION	<input type="checkbox"/> ELECTING PARTNERSHIP
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> INDIVIDUAL FILING SINGLE OR HEAD OF HOUSEHOLD
<input type="checkbox"/> FIDUCIARY	<input checked="" type="checkbox"/> INDIVIDUAL FILING MARIED JOINT RETURN
<input type="checkbox"/> INDIVIDUAL MEMBER OF A LIMITED LIABILITY COMPANY, SHAREHOLDER OF AN S CORPORATION, OR PARTNER IN A PARTNERSHIP	<input type="checkbox"/> INDIVIDUAL FILING MARIED SEPARATE RETURN

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 either A, B, or C**A. Individuals**

1. Total amount expended.....	1.	10,000
2. Fill in the pre-approved amount here from the form IT-QRHOE-TP1 that was returned to you by the Department.....	2.	10,000
3. Tentative credit allowed before income tax liability limitation. The lesser of line 1 or 2.....	3.	10,000

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	1.	
2. Total amount approved.....	2.	
3. Georgia Income from Taxpayer selected pass through entities	3.	
4. Enter applicable tax rate.....	4.	SELECT %
5. Multiply line 3 by line 4.....	5.	
6. Credit allowed. Lesser of lines 1, 2, or 5.....	6.	



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C. Corporations and Fiduciary Taxpayers or Electing S Corporation or Electing Partnership*

- | | |
|--|----------------|
| 1. Total amount expended | 1. _____ |
| 2. Total amount approved..... | 2. _____ |
| 3. Tax liability..... | 3. _____ |
| 4. Percentage Limitation..... | 4. 75 % |
| 5. Multiply line 3 by line 4..... | 5. _____ |
| 6. Credit allowed. Lesser of lines 1, 2, or 5..... | 6. _____ |

* S Corporation that makes the election to pay tax at the entity level under O.C.G.A. § 48-7-21, and Partnership that makes the election to pay tax at the entity level under O.C.G.A. § 48-7-23.

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