

Date Submitted to DOR:

GOAL Contribution Form

5 easy steps

- 1. Complete this entire form
- 2. Sign this form at the bottom and pg. 2 of TP1
- 3. Make check payable to "Georgia GOAL Scholarship Program, Inc."*
- 4. Put JMA in memo line
- 5. Give completed forms and check to Jason Miller

Indicate 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
□ C Corporation	75% of GA Tax Liability
☐ S Corp, LLC, partnership	Individual limits of owners

Taxpayer's Name:			SSN:			
Spouse's Name:			SSN:			
Address:			Phone:			
City:	State:	Zip:	E-mail:			
Contribution Amount:		Designated So	chool: JOHN MILLEDGE ACADEMY			
TAXPAYER AUTHORIZATION:						
By signing this form I verify that this information is correct and authorize GOAL to submit my Form IT-QEE-TP1 to the Georgia Department of Revenue.						
Taxpayer's S	Signature		Date			

Send forms to:

Jason Miller, Director of Admissions
John Milledge Academy
197 Log Cabin Road
Milledgeville, GA 31061

Contact Information: jmiller@johnmilledge.org 478.452.5570 ext. 219



Georgia Form IT-QEE-TP1 (Last Rev. 5/10)

Qualified Education Expense Credit Preapproval Form

Georgia Department of Revenue Version 10

Taxpayer Identification Number

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
- 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:
Applicant: Printed Name of Contributor (individual or entity)
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:
Title:
Phone Number:
Submit page 1 and page 2 to: Georgia Department of Revenue Qualified Education Expense Credit 1800 Century Blvd NE Suite 8301 Atlanta, GA 30345
D. FOR DEPARTMENT USE ONLY DATE RECEIVED
Based on the fifty million dollar cap and your intended contribution amount, you have been preapproved and
allocated of qualified education expense credit for calendar
year Approved by Date