1943904013

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

Qualified Rural Hospital Organization Expense Tax Credit Computation

Georgia Department of Revenue

Please print your numbers like this in black or blue ink:
9 8 7 6 5 4 3 2 1 0

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

DEPARTMENT USE ONLY

LAST NAME IF INDIVIDUAL   SUFFIX

- ☐ 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... ☐☐,☐☐☐.00
2. Fill in the pre-approved amount here from the Form IT-QRHOE-TP1 that was returned to you by the Department... ☐☐,☐☐☐.00
3. Tentative credit allowed before income tax liability limitation. The lesser of line 1 or 2..... ☐☐,☐☐☐.00

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 .... ☐☐,☐☐☐,☐☐☐.00
2. Total amount preapproved... ☐☐,☐☐☐,☐☐☐.00
3. Georgia Income from Taxpayer selected pass through entities............. ☐☐,☐☐☐,☐☐☐.00
4. Percentage Limitation.. **5.75%**
5. Multiply line 3 by line 4... ☐☐,☐☐☐,☐☐☐.00
6. Credit allowed. Lesser of lines 1, 2, or 5..................................... ☐☐,☐☐☐,☐☐☐.00

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C. Corporations and Fiduciary

1. Total amount expended.. ☐☐,☐☐☐,☐☐☐.00

2. Total amount preapproved... ☐☐,☐☐☐,☐☐☐.00

3. Tax liability.. ☐☐,☐☐☐,☐☐☐.00

4. Percentage Limitation... 75%

5. Multiply line 3 by line 4.. ☐☐,☐☐☐,☐☐☐.00

6. Credit allowed. Lesser of lines 1, 2, or 5 .... ☐☐,☐☐☐,☐☐☐.00

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