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2344904011

Georgia Form IT-QFCD-FUND1 (Last Rev. 07/14/22)

Qualified Foster Child Donation Credit Letter of Confirmation

Georgia Department of Revenue Version 1

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

This form is the second step in the process of applying for the qualified foster child donation credit. It should be completed by the qualified foster child support organization and provided to the taxpayer. This form is used to confirm that the taxpayer made the contribution to the qualified foster child support organization.

Enter for Qualified Foster Child Support Organization:

FISCAL YEAR ENDING

TAXPAYER IDENTIFICATION NUMBER

NAME OF QUALIFIED FOSTER CHILD SUPPORT ORGANIZATION

DEPARTMENT USE ONLY

STREET ADDRESS

CITY

STATE

ZIP CODE

CONTACT PERSON

TELEPHONE NUMBER

The Official Code of Georgia Annotated Section 48-7-29.24 establishes the qualified foster child donation credit.

A credit is allowed for the contribution of funds made by the taxpayer to a qualified foster child support organization that has been certified by the Division of Family and Children Services, pursuant to O.C.G.A. § 48-7-29.24.

This letter of confirmation of donation shall be maintained by the taxpayer and made available upon request by the Commissioner.

Enter for Contributing Taxpayer

FIRST NAME OR NAME OF ENTITY

MI

TAXPAYER IDENTIFICATION NUMBER

LAST NAME IF INDIVIDUAL

SUFFIX

ADDRESS (NUMBER AND STREET or P.O. BOX)

CITY

STATE

ZIP CODE

DATE OF CONTRIBUTION

AMOUNT OF CONTRIBUTION .00

PREAPPROVED AMOUNT OF CREDIT .00

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C. CERTIFICATION BY QUALIFIED FOSTER CHILD SUPPORT ORGANIZATION

The Qualified Foster Child Support Organization certifies that all information contained above and attached hereto is true to their best knowledge and belief.

Name of Qualified Foster Child Support Organization:

By: _____
Signature of Authorized Officer

Name of Officer Signing

Date: □□-□□-□□□□

Title:

Phone Number: □□□-□□□-□□□□