



1743804011

Georgia Form IT-QRHOE-RHO1 (Rev. 07/12/19)
Qualified Rural Hospital Organization Expense Tax 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 rural hospital organization expense tax credit. It should be completed by the rural hospital organization and provided to the taxpayer. This form is used to confirm that the taxpayer made the contribution to the rural hospital organization.

Enter for Rural Hospital Organization:

FISCAL YEAR ENDING

Form boxes for fiscal year ending (YY-YY-YYYY)

TAXPAYER IDENTIFICATION NUMBER

Form boxes for taxpayer identification number (XX-XXXX-XXXX)

NAME OF RURAL HOSPITAL ORGANIZATION

Form boxes for name of rural hospital organization

STREET ADDRESS

Form boxes for street address

CITY

Form boxes for city

STATE

Form boxes for state

ZIP CODE

Form boxes for zip code (XX-XXXX-XXXX)

DEPARTMENT USE ONLY

CONTACT PERSON

Form boxes for contact person

TELEPHONE NUMBER

Form boxes for telephone number (XXX-XXX-XXXX)

The Official Code of Georgia Annotated Section 48-7-29.20 establishes the qualified rural hospital organization expense tax credit.

A credit is allowed for the contribution of funds by the taxpayer to a rural hospital organization, operating pursuant to O.C.G.A. § 31-8-9.1.

Enter for Contributing Taxpayer

FIRST NAME OR NAME OF ENTITY

Form boxes for first name or name of entity

MI

Form box for middle initial

TAXPAYER IDENTIFICATION NUMBER

Form boxes for taxpayer identification number (XX-XX-XXXX)

LAST NAME IF INDIVIDUAL

Form boxes for last name if individual

SUFFIX

Form boxes for suffix

CREDIT CERTIFICATE#

Form boxes for credit certificate number

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

Form boxes for address

CITY

Form boxes for city

STATE

Form boxes for state

ZIP CODE

Form boxes for zip code (XX-XXXX-XXXX)

DATE OF CONTRIBUTION

Form boxes for date of contribution (YY-YY-YYYY)

AMOUNT OF CONTRIBUTION

Form boxes for amount of contribution (XX,XXX,XXX.XX)

PREAPPROVED AMOUNT OF CREDIT

Form boxes for preapproved amount of credit (XX,XXX,XXX.XX)

