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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

TAXPAYER IDENTIFICATION NUMBER

NAME OF RURAL HOSPITAL ORGANIZATION

DEPARTMENT USE ONLY

STREET ADDRESS

CITY

STATE

ZIP CODE

CONTACT PERSON

TELEPHONE NUMBER

The Official Code of Georgia Annoted 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

MI

TAXPAYER IDENTIFICATION NUMBER

LAST NAME IF INDIVIDUAL

SUFFIX

CREDIT CERTIFICATE#

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 RURAL HOSPITAL ORGANIZATION

The Rural Hospital Organization certifies that all information contained above and attached hereto is true to their best knowledge and belief.

Name of Rural Hospital Organization:

By: _____
Signature of Authorized Officer

Name of Officer Signing

Date: □□-□□-□□□□

Title:

Phone Number: □□□-□□□-□□□□