- 1. Log into the GTC website (https://gtc.dor.ga.gov)
- Navigate to the Withholding Tax account by clicking the Account ID hyperlink

CLAIM BENEFIT		NAMES AND ADDRESSES			I WANT TO Profi	
Federal Employer ID	# 52-5252525	Legal Name	CLAIM BENEFIT		Make Multiple	e Payments
My Balance	\$0.00	DBA Name	Add		Submit Docu	mentation
		Business Location	1800 CENTURY BLV	D NE ATLANTA	Submit Powe	er of Attorney
		Address	GA 30345		Transfer Tax	Credit
		Mailing Address 1800 CENTURY BLVD NE ATLANTA		Add Access to Another Account		
			GA 30345		Upload File	
					Register New	/ Tax Account
					Update Office	ers
ACCOUNTS ¹ R MY ACCOUNTS ¹	EQUESTS ⁰ E-MESSA	GES ⁰ LETTERS ⁰				
MY ACCOUNTS						Hide History Filter
Account Id Ac	ccount Type	Name	Frequency	Address		Balance
3156731-IR W	ithholding Tax	CLAIM BENEFIT	Quarterly	1800 CENTURY	BLVD NE ATL	0.00

3. Click the **Claim a Withholding Tax Benefit** hyperlink under **the I Want To**,... menu in the top-right corner of the screen

WITHHOLDING TAX		NAMES AND ADD	RESSES		I WANT TO	Profile Acco	unts
Federal Employer ID #	52-5252525	Legal Name	CLAIM BENEFI	Т	Protest Pro	posed Assessment	
Withholding Quarterly	3156731-IR	DBA Name	Add		Request S	atement of Account	
My Balance Pending	\$0.00	Business Location Address	1800 CENTURY GA 30345	Y BLVD NE ATLANT	A Request P Request W	ayment Statement aiver of Penalty	
Chang	00.00	Mailing Address	1800 CENTURY GA 30345	Y BLVD NE ATLANT	A Change Fil	ing Frequency holding Tax Benefit	
		Site of Business	Add		Make a Pa	yment	
		Records Address			File Return		
		Payment Source	Setup				
PERIODS REQUEST		E-MESSAGES ⁰	ETTERS ⁰				
ALL PERIODS / PERIO	D SEARCH						
PERIODS FROM 25-NOV	-2012					Change Date F	ilter
Period Return St	tatus		Tax Pena	lty Interest	Credits B	alance Messages	

4. Review the information on the screen and then click the **Click to continue** button



5. Enter your **Contact Information** and **ID Information**. Click the **Next** button at the top of the screen

axpayer Informat	On Previous Next	Cancel
Enter Contact Information		
First Name	Required	
Last Name	Required	Required
Phone Number	Required Ext.	
Title		
Email	Required	
Confirm Email		
Enter ID Information		
Federal Employer ID Number	Required	
Do you have a Professional E	mployer Organization (PEO)? Required	-

6. Enter the **Tax Credit Information**. Click the **Next** button at the top of the screen

Tax Credit Information Previou	ous Next Cancel
NOTE: Offsets to withholding tax liability begin Intention to Claim Withholding Benefit letter, wh the credit type) of receiving the qualifying year's	n on the date specified by the Department in the Confirmation of /hich the Department will issue within 90 or 120 days (depending on r's Georgia income tax return.
Enter Tax Credit Information	
Tax year of corporate return on which credit claimed	a
Anticipated date of filing	Required Required
Amount to be used against GA Withholding Tax	Required
Qualifying tax credit	Required
Tax Credit Carry Forward	0.00

 There are currently six (6) withholding tax credits to choose from in the Qualifying tax credit drop-down list

Tax Credit Information Previo	us Next	Cancel
NOTE: Offsets to withholding tax liability begin Intention to Claim Withholding Benefit letter, wh the credit type) of receiving the qualifying year's	on the date specified by the Departme nich the Department will issue within 90 s Georgia income tax return.	nt in the Confirmation of) or 120 days (depending on
Enter Tax Credit Information		
Tax year of corporate return on which credit claimed	Required	
Anticipated date of filing	Required	
Amount to be used against GA Withholding Tax	Required	
Qualifying tax credit	ŢŞ	D
Tax Credit Carry Forward		Required
	Clean Energy Tax Credit	
	Film Tax Credit	
	Headquarter Job Tax Credit	
	Job Tax Credit	
	Quality Jobs Tax Credit	
	Research Tax Credit	J

 Headquarter Job Tax Credit, Job Tax Credit, and Quality Jobs Tax Credit require additional information

TE: Offsets to with ention to Claim With credit type) of rece	holding tax liability beg holding Benefit letter, iving the qualifying yea	in on the da which the D ar's Georgia	te specified by the E epartment will issue income tax return.	Department in the Co within 90 or 120 day	onfirmation of ys (depending	
Enter Tax Credit Info	mation					
Tax year of corporate return on which credit claimed		d Required		8		
Anticipated date of fili	ng	Required	Required			
Amount to be used ag	ainst GA Withholding Tax	Required	Required			
Qualifying tax credit		Headquart	ter Job Tax Credit	-		
			Click here to add c	ounty totals		
Tax Credit Carry Form	ard			0.00		
Jobs Tax Table				Û	8 8 ? X	
Year	County	Tier	Qualifying Method	Census Tract Num	Amount	

 Click the Add Attachment tab to select and attach required and/or optional forms. (NOTE: the web request cannot be submitted without the proper attachments)

Submissio	n Previous Submit	1	Cancel
In order to receive Georgia income t return, whichever	the withholding tax benefit, to ax return (including extensions comes first.	his form must be filed at least 30 s) or at least 30 days prior to the f	days prior to the due date of the filing of the Georgia income tax
By filing this form income tax liabilit is making an irrev	the company (1) gives notice y as an offset to its withholding ocable election for the withho	that it intends to claim the qualifi g tax liability under O.C.G.A. § 48 iding tax option for this tax year.	ied tax credit in excess of its Georgia -7-103 and (2) acknowledges that it
Please attac	h the following forms: 👔		
Form Notice	T-CEP-AP (1) - Required		
ATTACHMENTS			Add Attachment
	Select a file to attach Type Description	[[**	Required Browse
		Save	Cancel
Click the Su	bmit button. Ther	n click the Yes butto	on to confirm
Submissio	Previous Submit		Cancel
In order to receive	the withholding tax benefit, the	nis form must be filed at least 30	days prior to the due date of the

Georgia income tax return (including extensions) or at least 30 days prior to the filing of the Georgia income tax return, whichever comes first. By filing this form, the company (1) gives notice that it intends to claim the qualified tax credit in excess of its Georgia income tax liability as an offset to its withholding tax liability under O.C.G.A. § 48-7-103 and (2) acknowledges that it is making an irrevocable election for the withholding tax option for this tax year.

Please att • For • Not	ach the following forms: n IT-CEP-AP (1) - Required ce of Intent - Optional			
TYPE	Filename	Size	Description	Add Attachment
Form IT-CEP-AP	Filename Form IT-CEP-AP docx	12	form	Remove
Notice of Intent	Notice of Intent.docx	12	intent	Remove
	You are about to submit a request. A complete changes have been made; rather it means you and is awaiting approval. Not all requests are Are you sure you want to submit this reque	ed request does not ir request was rece approved. ost? Yes	t mean the requested lived by the system	

 The Confirmation Page will be displayed. Write down the confirmation number or Print the confirmation page for your records

		Print Confirmation Ok
ONFIRMATION		
Request Informati	on	
Logon	claim benefit	
Status	Pending	
Confirmation Number	0-663-113-232	
Taxpayer Name	CLAIM BENEFIT	
Federal Employer ID #	52-5252525	
Withholding Tax	3156731-IR	
Request Title	Withholding tax benefit claim	
Submitted	25-Nov-2014	
our confirmation number	s 0-663-113-232.	
Your request has been sub	mitted and will be processed in the order that it was received.	
f you have any questions,	please contact us at 1-877-GADOR11 (1-877-423-6711).	