



GOAL Tax Credit Form

By signing this form, I verify that the information is correct and authorize **GOAL** to submit my request for pre-approval to the Georgia Department of Revenue and to process my contribution check or credit card payment, as indicated below. *I understand that if I do not provide my payment within 60 days of DOR approval, the amount allocated for my tax credit is permanently lost from the \$50 million cap.*

Taxpayer's Signature

Date

1. Simply sign page 2 of Form IT-QEE-TP1 (**GOAL / Mount Pisgah Christian School** will use the information below to complete the Form on your behalf)
2. Write check payable to "Georgia GOAL Scholarship Program, Inc." or submit credit card information below*
3. Print and mail (1) this form, (2) your signed page 2 of Form IT-QEE-TP1 and (3) your contribution to:

Georgia GOAL Scholarship Program, Inc.	Mount Pisgah Christian School
Five Concourse Parkway, Suite 200	or 9820 Nesbit Ferry Road
Atlanta, GA 30328	Alpharetta, GA 30022
4. GOAL will process your contribution upon receipt of your Approval Letter from the DOR, and will send you Form IT-QEE-SSO1 contribution acknowledgement form to file with your tax return (or to retain, if e-filing)

Indicate Tax Filing Status	Tax Credit Limit
<input type="checkbox"/> Individual Filer	\$1,000
<input type="checkbox"/> Married Filing Jointly	\$2,500
<input type="checkbox"/> Married Filing Separately	\$1,250
<input type="checkbox"/> C Corporation	75% of GA Tax Liability
<input type="checkbox"/> S Corp, LLC, partnership	Individual limits of owners

Taxpayer's Name: _____ SSN: _____

Spouse's Name: _____ SSN: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Contribution Amount: _____ Estimated GA income tax liability: _____
(for corporations only)

Designated School: Mount Pisgah Christian School

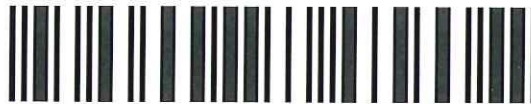
Check enclosed, made payable to Georgia GOAL Scholarship Program, Inc.

Credit Card Number: _____ Exp.: _____ Security Code: _____

Circle one: Visa MasterCard Discover AMEX

**GOAL will hold your payment until we receive your Approval Letter from the DOR.*

Georgia GOAL Scholarship Program, Inc. is an IRS registered 501(c)3 non-profit organization: www.goalscholarship.org.



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Georgia Form IT-QEE-TP1 (Last Rev. 12/11)

Qualified Education Expense Credit Preapproval Form

Georgia Department of Revenue Version 1

Taxpayer Identification Number

Input boxes for Taxpayer Identification Number

B. ADDITIONAL INFORMATION FOR CONTRIBUTORS WHICH ARE SUBCHAPTER S CORPORATIONS FOR GEORGIA PURPOSES, PARTNERSHIPS, OR LIMITED LIABILITY COMPANIES

The contribution limits for these entities are calculated separately for each shareholder, partner, or member. As such on a separate schedule, the contributor must provide the following information for each shareholder, partner, or member.

- 1. Name, address and taxpayer identification number
2. Type of taxpayer (i.e. corporation, individual, etc.)
3. If individual, filing status (joint, married filing separate, single, or head of household)
4. If individual filing a joint return, the name and identification number of the joint filer
5. If corporation, 75% of estimated GA income tax liability
6. Tax Year end
7. Profit/loss percentage
8. Amount of intended contribution allocated to each shareholder, partner, or member based on the profit/loss percentage.

C. CERTIFICATION BY APPLICANT

Applicant certifies that all information contained above is true to his/her best knowledge and belief and is submitted for the purpose of obtaining preapproval from the Commissioner.

Date: [Input boxes]

Applicant: Printed Name of Contributor (individual or entity)

Input box for Applicant Name

Signature of Contributor (if an entity, an authorized officer or tax matters person)

If Contributor is an entity: Printed Name and Title of Person Signing for Entity:

Name: [Input box]

Title: [Input box]

Phone Number: [Input boxes]

Submit page 1 and page 2 to: Georgia Department of Revenue, Qualified Education Expense Credit, 1800 Century Blvd NE, Suite 8107, Atlanta, GA 30345

D. FOR DEPARTMENT USE ONLY

DATE RECEIVED [Input boxes]

Based on the fifty million dollar cap and your intended contribution amount, you have been preapproved and

allocated [Input boxes] of qualified education expense credit for calendar

year [Input boxes] Approved by [Input box] Date [Input boxes]