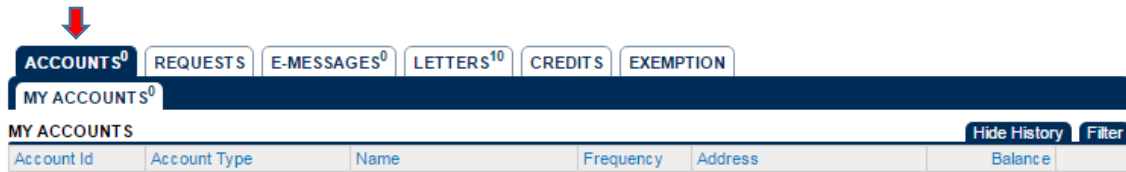
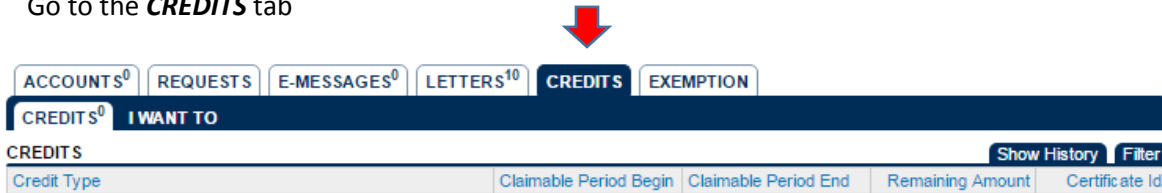


## How to apply online for the Rural Hospital Georgia Tax Credit pre-approval

- Go to Georgia Department of Revenue site (<https://gtc.dor.ga.gov/>)
- Enter Login or Create your login
- Click the **ACCOUNTS** tab and select your account id hyperlink



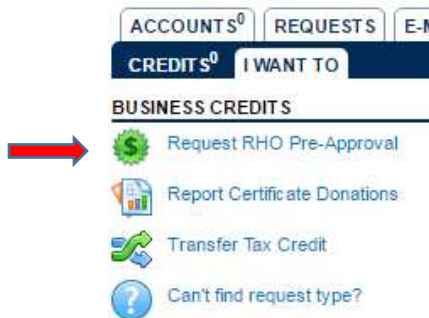
- Go to the **CREDITS** tab



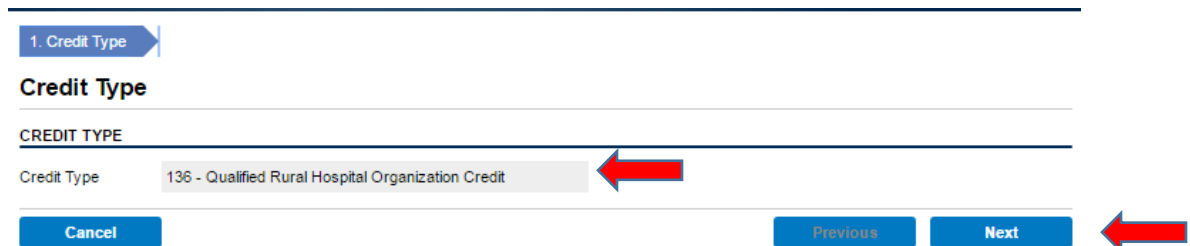
- Got to the **I WANT TO** sub-tab



- Select **Request Credit Pre-Approval** hyperlink



1. Choose "136 – Qualified Rural Hospital Organization Credit" as the credit type – Click **Next**



2. Select the fund year (January 1, 2017 – December 31, 2017) – Click **Next**

1. Credit Type > 2. Fund

### Fund

PLEASE SELECT A FUND

From	To	Use This Fund
01-Jan-2017	31-Dec-2017	<input type="checkbox"/>

**Cancel** **Previous** **Next**

3. Click the link to review the instructions and definitions for the tax credit – Click **Next**

1. Credit Type > 2. Fund > 3. Instructions

### Instructions

QUALIFIED RURAL HOSPITAL ORGANIZATION EXPENSE TAX CREDIT PREAPPROVAL FORM

[Click here to view instructions and definitions](#)

**Cancel** **Previous** **Next**

4. Enter the required information – Click **Next**

1. Credit Type > 2. Fund > 3. Instructions > 4. Taxpayer Information

### Taxpayer Information

Please enter the information for the Rural Hospital Organization

**TAXPAYER INFORMATION**

Name  *Required*

Id Type  *Required*

Id  *Required*

ADDRESS INFORMATION		CONTACT INFORMATION	
Street	<input type="text"/> <i>Required</i>	Contact Person	<input type="text"/> <i>Required</i>
City	<input type="text"/> <i>Required</i>	Contact's Title	<input type="text"/> <i>Required</i>
State	<input type="text" value="GEORGIA"/>	Contact E-mail	<input type="text"/> <i>Required</i>
Zip Code	<input type="text"/> <i>Required</i>	Contact Phone No.	<input type="text"/> <i>Required</i> Ext. <input type="text"/>

**Cancel** **Previous** **Next**

5. Individual Donor - Enter the *Contributor Type* and *Contributor Filing Period* – Click **Next**  
Corporate or Fiduciary Donor - Enter *Contributor Filing Period* – Click **Next**

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1. Credit Type > 2. Fund > 3. Instructions > 4. Taxpayer Information > 5. Contributor Info

### Contributor Info

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**CONTRIBUTOR TYPE**

Individual filing single or head of household  **Required**

Individual filing a married separate return

Individual filing a married joint return

C Corporation or Fiduciary

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**CONTRIBUTOR FILING PERIOD INFORMATION**

Tax Year End Date  **Required**

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**CONTRIBUTING TAXPAYER INFORMATION**

Contributor Id Type  **Required**

Contributor Id  **Required**

Contributor Street  **Required**

Contributor City  **Required**

Contributor State  **Required**

Contributor Zip  **Required**

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6. Individual Donor - Select the *Rural Hospital Organization* from the drop-down menu; Enter the *Intended Contribution Amount* – Click **Next**

Corporate & Fiduciary Donor - Select the *Rural Hospital Organization* from the drop-down menu; Enter the *Intended Contribution Amount*; Enter the *Estimated Income Tax Liability* – Click **Next**

7. Use the **Add Attachment** tab to include any applicable supporting documentation **(Optional for Corporations)** – Click **Next**
8. Review the Summary Information; Certify the application by entering the name of contributor; Click **Submit**
9. A Confirmation Page will appear – you may print this page by clicking **Print Confirmation**