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Georgia Form IT-QEE-TP1 (Last Rev. 5/10)
Qualified Education Expense Credit Preapproval Form
Georgia Department of Revenue **Version 10**

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: __-__-____

Applicant: Printed Name of Contributor (individual or entity)

____

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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: ______________________________

Title: ______________________________

Phone Number: ___-___-____

Submit page 1 and page 2 to:
Georgia Department of Revenue
Qualified Education Expense Credit
1800 Century Blvd NE
Suite 8301
Atlanta, GA 30345

D. FOR DEPARTMENT USE ONLY DATE RECEIVED __-__-____

Based on the fifty million dollar cap and your intended contribution amount, you have been preapproved and allocated __,___,___.00 of qualified education expense credit for calendar year ____ Approved by ______________________ Date __-__-____