



## Contribution & Authorization Form

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: \_\_\_\_\_

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 AUTHORIZATION:

- I authorize the emailing or faxing of my Form IT-QEE-TP1 to the Georgia DOR and I authorize the DOR to send my letter of approval to Georgia GOAL Scholarship Program in the same manner.

\_\_\_\_\_  
Taxpayer's Signature

Date: \_\_\_\_\_

### NOTARIZATION\*:

Signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2011.

\_\_\_\_\_  
(Name of Notary Typed, Stamped, or Printed)  
Notary Public, State of Georgia

\_\_\_\_\_  
(Signature of Notary)

**SEAL**

**\*Please note: If you are not able to get your GOAL Contribution & Authorization Form notarized, you will receive a letter indicating your approval directly from the Georgia DOR in the mail. You must send this DOR Approval Letter to GOAL within 30 days of approval.**