

WESLEYAN SCHOOL

5405 SPALDING DRIVE • NORCROSS, GEORGIA 30092 • 770.448.7640

GOAL Scholarship Contribution 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: **"Wesleyan School "**

I authorize **"Wesleyan School"** to receive my approved Form IT-QEE-TP1 from the Georgia Department of Revenue.

 Taxpayer's Signature

 Date

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