

A taxpayer seeking pre-approval for the Qualified Foster Child Donation Credit must submit Form IT-QFCD-TP1 electronically through the Georgia Tax Center (GTC). A corporate, fiduciary, or individual income tax account is required.

NOTE: Instructions will be different in some steps if you are an individual versus a corporation/fiduciary. If you have never filed an income tax return with the Georgia Department of Revenue, you must call the Taxpayer Services Call Center at (877) 423-6711 to become registered before you can submit your request.

- 1. Log into GTC (<u>https://gtc.dor.ga.gov/</u>).
- 2. Click the Manage My Credits hyperlink under the tax account.

georgia tax center e-Service	es	Θ
Summary Action Center Settings	More	You last logged in on Manage My Profile
Corporate Income Tax	Account Balance \$0.00	 Make a Payment View Returns Manage My Credits See more

3. Under the **View my credits** section, click the **Request Credit Pre-Approval** hyperlink.

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<	
Manage My Credits Corporate Income Tax	
Manage My Credits	
Q View my credits	
If you don't see the request type you're looking for, go to the account with the credit, and click on Manage My Credits.	
> File IT-PC-RPT	
> View my credits	
> Certify QIEPC Status	
> Claim Withholding Tax Benefit	
> Certify Postproduction Company	
> Request Credit Pre-Approval	
> File IT-RHC-RPT	



4. Select **Credit Type 151 – Qualified Foster Child Donation Credit** from the drop-down menu. Click the **Next** button.

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Credit Type	
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Credit Type	
151 - Qualified Foster Child Donation Credit	¥
Cancel < P	revious Next >

5. Select the fund that corresponds with the tax year that the credit will be generated or claimed. Click the **Next** button.

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Credit Pre-Approval			
Credit Type	Fund		
Please Select A Fun	d		
From	То	Use Thi	s Fund
01-Jan-2023	31-Dec-2023	C)
Cancel		< Previous	Next >



- 6. Review the instructions for the Qualified Foster Child Donation Credit pre-approval form. Click the **Next** button.
- 7. Complete the **Contact Information** section and enter the **Current Tax Year End Date** under the **Filing Period Information** section. Click the **Next** button.

Credit Type	Fund	Instructions	Taxpayer Information
Taxpayer Information ne * ype deral Employer ID #	Address Info Street City state Required Zip Code	ormation	Required Contact Person Required Contact's Title Required Contact E-mail Required Contact Phone No. Required Ext.
Filing Period Informatio			

- 8. Enter the **Contributor Information**. Click the **Next** button.
 - *For corporations, fiduciaries, S corporations and partnerships electing to pay tax at the entity level:* enter the estimated income tax liability to determine the credit amount and then click the **Next** button.

t Pre-Approval				
Credit Type	Fund	Instructions	Taxpayer Information	Contributor Info
Choose Your Filing	at makes the			
G.A. § 48-7-21 or a partnership tion to pay tax at the entity lev -7-23	p that makes the			
oration's, Fiduciary's, S Corporationership's estimated income tax lia				
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• *For individuals:* select your filing status from the drop-down list. If the filing status is "Married filing Jointly", the SSN and name of the spouse is required.

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Credit Type	Fund	Instructions	Taxpayer Information	Contributor Info
🖨 Choose Your Filing	Status		💄 Enter Jo	int Filer's Information
Select Filing Status from list			Select Id Type from	list *
Married filing Jointly	~		Required	~
Filing Status: Individual filing a m	arried joint return		First Name	
Is this Individual one of the following?	*		Required	
A Member of a Limited Liability C			Middle Initial	
A Shareholder of a Subchapter S	Corporation			
• A Partner in a Partnership			Last Name *	
Yes	No		Required	
	*			
 Is the Joint Filer one of the following? A Member of a Limited Liability C 			Suffix	
A Shareholder of a Subchapter S	Corporation			
A Partner in a Partnership				
A Partner in a Partnership Yes	No			
103	110			
Cancel				A Previous Next Next

For each filer, answer "Yes" or "No" if you are a member of a limited liability company, a shareholder of a subchapter S corporation or a partner in a partnership. Selecting "Yes" will display a field to enter the estimated Georgia income from selected pass through entities.

 A Shareholder of a Subc 	
• A Partner in a Partnershi	p
Yes	No
Estimated Georgia Income fro entities	om selected pass through *
Required	
Is the Joint Filer one of the fo • A Member of a Limited I • A Shareholder of a Subc • A Partner in a Partnershi	Liability Company hapter S Corporation
• A Shareholder of a Subc	Liability Company hapter S Corporation
 A Member of a Limited I A Shareholder of a Subc A Partner in a Partnershi 	Liability Company hapter S Corporation p No



9. Review the **Contribution Information**. Select the foster child support organization within the drop-down menu. Verify the the FEIN of the organization and scroll down to enter the **Contribution Amount**.

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/pe	Fund	Instructions	Taxpayer Information	Contributor Info	Contribution
Contrib	ution				
	tion must be preapproved by the it was preapproved, whichever i		donation must be made within 60 day	s of the date of the preapproval not	tice or by the end of the calend
	must add back to Georgia Taxab dit is allowed.	ble income the amount of any fede	ral charitable contribution deduction ta	ken on a federal return for which a	Georgia qualified foster child
 The tax credit 	t shall not be allowed if the taxpa	ayer designates the taxpayer's qual	ified contribution for a particular purpo	se or particular individual.	
 The qualified 	foster child support organization	n must be on the Department of R	evenue's website before this form is file	d.	
lendar Year in v	which Contribution will be made:	2023			
ame of foster chil	d support organization	< Select "T	he Methodist Home	e of the South GA	Conference, Ir
	100 M	<pre>~< Select "T</pre>	he Methodist Home	e of the South GA	Conference,

10. Enter the **Contribution Amount**. Click the **Next** button.

For corporations, fiduciaries, S corporations and partnerships electing to pay tax at the entity level:

🖩 Corporate, Fiduciary, S Corpora	ations and Partnerships Contribution Amount
the entity level under O.C.G.A § 48-7-23 the credit an	on that makes the election to pay tax at the entity level under O.C.G.A § 48-7-21 or a Partnership that makes the election to pay tax at mount shall not exceed the actual amount of qualified contributions made or 10% of the corporation's or fiduciary's income tax liability,
Any lesser amount (the actual amount of qualified co used can be used against the succeeding five years'	ontributions made or 10% of the Corporation's, Fiduciary's, S Corporation's, Partnership's income tax liability, whichever is less) that is not income tax liability.
S Corporations and partnerships that elect to pay tax through to their beneficiaries.	tes at the entity level cannot pass the credit through to their members, partners, or shareholders. Fiduciary entities cannot pass the credit
1. Intended Contribution Amount	
Required	
2. Credit Percentage Allowed: 100.005	%
3. Credit Allowed - Line 1 x Line 2: \$0	0.00
4. Estimated Income Tax Liability *	
Required	
5. Credit Percentage Allowed: 10.00%	6
6. Maximum Credit allowed - Line 4 x Line 5: \$0	0.00
7. Credit Amount - Lesser of Lines 3 and 6: \$0	2.00
Cancel	< Previous Next >



For individual donors:

For an individual taxpayer the tax credit next succeeding five years' tax liability.	may not exceed the	taxpayer's income tax liability. The amount of the tax credit that exceeds the taxpayer's income tax liability car	ı be used agains	t the
1. Intended Contribution Amount				
Required				
2. Credit Percentage Allowed:	100.00%			
3. Credit Allowed - Line 1 x Line 2:	\$0.00			
Cancel		< Previ	ious Nex	

11. Click either the **Add Attachment** link or button to attach any supporting documentation. **NOTE:** This step is optional. Click the **Next** button.

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< Manage My Credits					
Credit Pre-Approval					
and Instructions	Taxpayer Information	Contributor Inf	0	Contribution	Attachments
Attack the Required Decume		Attachmo	ents		Add Attachment
Please attach any supporting documentation. (Optional)	ents	Туре	Name	Description	Size
Add Attachment		There are no	attachments.		
Cancel					< Previous Next >



- 12. Review the **Summary** page. Use the *Previous* button at the bottom of the screen or the arrows at the top of the screen to go back to a previous step. Complete the **Certification by Applicant** section. Click the **Submit** button.
 - Summary page for corporate, S corporation, partnership, and fiduciary donors:

Manage My Cree	dits					
dit Pre-Approval						
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ons	Taxpayer Information	Contributor Info	Contribution	Attachments	Summary	
🗳 Credit Inf	formation					
Tredit Type:	151 - Qualified Fo	ster Child Donation Credit				
und Date End:	31-Dec-2023					
Gredit Amount Requ	uested:					
opplication Date: When an income ta pplications receive	ix credit statute or regulation prov	lications submitted on a Saturday,		tax credit cap is reached shall be pro hich the Federal Reserve Bank is clos rve Bank is closed.		
Application Date: When an income ta pplications receive seen submitted on	ix credit statute or regulation prov of on such day, any returns or app the first day following which is no	olications submitted on a Saturday, ot a Saturday, Sunday, legal holiday	Sunday, legal holiday, or day on w	hich the Federal Reserve Bank is clos		
Application Date: When an income ta pplications receive seen submitted on	ix credit statute or regulation prov of on such day, any returns or app the first day following which is no approve the applicat	ilications submitted on a Saturday, t a Saturday, Sunday, legal holiday	Sunday, legal holiday, or day on w , or day on which the Federal Rese	hich the Federal Reserve Bank is clos	sed, shall be considered to have	
Application Date: When an income ta upplications receive even submitted on Read and Applicant certifies t	ix credit statute or regulation prov of on such day, any returns or app the first day following which is no approve the applicat	ilications submitted on a Saturday, t a Saturday, Sunday, legal holiday	Sunday, legal holiday, or day on w , or day on which the Federal Rese	hich the Federal Reserve Bank is clos	sed, shall be considered to have	
Application Date: When an income ta ppplications receive even submitted on Read and Applicant certifies t upplicant Name	ix credit statute or regulation prov of on such day, any returns or app the first day following which is no approve the applicat	ilications submitted on a Saturday, t a Saturday, Sunday, legal holiday	Sunday, legal holiday, or day on w , or day on which the Federal Rese	hich the Federal Reserve Bank is clos	sed, shall be considered to have	
Application Date: When an income ta upplications receive even submitted on React and Applicant certifies th Applicant certifies th Applicant Name * Required	ix credit statute or regulation prov of on such day, any returns or app the first day following which is no approve the applicat	ilications submitted on a Saturday, t a Saturday, Sunday, legal holiday	Sunday, legal holiday, or day on w , or day on which the Federal Rese	hich the Federal Reserve Bank is clos	sed, shall be considered to have	
Application Date: When an income ta publications receive eace submitted on Read and Applicant certifies th Applicant Name * Required Contributor Name *	ix credit statute or regulation prov of on such day, any returns or app the first day following which is no approve the applicat	ilications submitted on a Saturday, t a Saturday, Sunday, legal holiday	Sunday, legal holiday, or day on w , or day on which the Federal Rese	hich the Federal Reserve Bank is clos	sed, shall be considered to have	
Application Date: When an income ta ppplications receive eace submitted on Read and Applicant certifies th upplicant certifies th upplicant Name * dequired Contributor Name *	ix credit statute or regulation prov of on such day, any returns or app the first day following which is no approve the applicat	ilications submitted on a Saturday, t a Saturday, Sunday, legal holiday	Sunday, legal holiday, or day on w , or day on which the Federal Rese	hich the Federal Reserve Bank is clos	sed, shall be considered to have	
Application Date: When an income ta applications receive accent submitted on Read and Applicant certifies ti Applicant certifies ti Applicant Name Required Contributor Name Required Contributor Title Required	ix credit statute or regulation prov of on such day, any returns or app the first day following which is no approve the applicat	ilications submitted on a Saturday, t a Saturday, Sunday, legal holiday	Sunday, legal holiday, or day on w , or day on which the Federal Rese	hich the Federal Reserve Bank is clos	sed, shall be considered to have	
applications receive been submitted on Read and	ix credit statute or regulation prov of on such day, any returns or app the first day following which is no approve the applicat	ilications submitted on a Saturday, t a Saturday, Sunday, legal holiday	Sunday, legal holiday, or day on w , or day on which the Federal Rese	hich the Federal Reserve Bank is clos	sed, shall be considered to have	

• Summary page for individual donors:

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< Manage My	Credits				
Credit Pre-App	proval				
2 uctions	Taxpayer Information	Contributor Info	Contribution	Attachments	Summary
🗳 Credit	Information				
Credit Type:	151 - Qualified Fos	ter Child Donation Credit			
Fund Date End:	31-Dec-2023				
Credit Amount F	Requested:				
Application Date	e:				
applications rec	e tax credit statute or regulation prov eived on such day, any returns or app I on the first day following which is no	lications submitted on a Saturday,	Sunday, legal holiday, or day on wi	hich the Federal Reserve Bank is close	
	nd approve the applicati es that all information contained abo *		e and belief and is submitted for th	e purpose of obtaining preapproval	from the Commissioner.
Cancel					Previous Submit



13. Click **OK** to confirm.

Confirmation ×		
Are you sure you wa	nt to submit this?	
Cancel	ок	

The **Confirmation Page** will be displayed. Write down the **Confirmation Number** or print the page for your records. This request will be stored on your GTC account and can be viewed under the **Submissions** tab.

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< Manage My Credits		
Confirmation		
Submission Information	on	
Logon		
Status	Submitted	
Confirmation Number		
Taxpayer Name		
Social Security #		
Submission Title	Credit Pre-Approval	
Submitted		
Your confirmation num	ber is	
Your request has been	submitted and will be processed in the order that it was received.	
four request has been	submitted and will be processed in the order that it was received.	
If you have any questio	ns, please contact us at 1-877-GADOR11 (1-877-423-6711).	
Printable	View	
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Print Confirmation

Your request will be reviewed, and a letter issued informing you of the status once processing is complete.