

2007 - QUESTIONS SPECIFIC FOR GEORGIA

1. Did you contribute to Georgia's Higher Education Savings Plan (529 Plan) in 2007? **YES / NO**

IF YES, please list the following: (Paid Preparer may contact you for additional information)*(Max is \$2000.00 / beneficiary that is listed as a dependent on the return, and parents must be Itemizing Deductions on Federal and State, and must own the account to qualify)

Student's Full Name _____
Student's Age _____
Amount Contributed _____

2. Did you purchase a new low emission vehicle or a new zero emission vehicle in 2007? **YES / NO** **IF YES**, complete the following:

Low emission vehicle: Type: _____ Cost: _____ (credit is for the lesser of 10% of vehicle cost or \$2500.00)

Zero emission vehicle: Type: _____ Cost: _____ (credit is for the lesser of 20% of vehicle cost or \$5000.00)

3. Did you provide Home Health Care for a family member age 62 or older or for a permanently & totally disabled family member in 2007? **YES / NO** **IF YES**, please provide the following: **Name** _____ **Relationship** _____

Social Security Number _____ **Age** (if 62 or older) _____ **or Date of Disability** _____

Total Expenses Paid _____ The following are qualifying expenses: 1) Home Health Agency Services, 2) Personal Care Services, 3) Homemaker Services, 4) Adult Day Care and Respite Care, 5) Health Care Equipment and other supplies determined by physician to be Medically Necessary. (Paid Preparer may contact you for additional information)

4. Did you pay for Drivers Education at a PRIVATE Driver Training School licensed by the Dept. of Public Safety for a minor dependent in 2007? **YES / NO** Did the minor dependent successfully complete the course? **YES / NO**

IF YES to BOTH of the above questions, Amount you paid for the Program in 2007 _____
(School owned or operated by Local, State or Fed. Government and courses in public or private high schools **DO NOT** qualify)

Please provide the following further information: Name of Private Driver Training School _____

Name of dependent minor child _____ Social Security Number _____

Date of Birth _____ and Date course completed successfully _____

5. Would you like to donate to one or more of the following voluntary contribution funds? **YES / NO**

(Any donation will reduce your refund, or increase the amount you owe)

IF YES, please fill in amounts of \$1.00 or more:

Georgia Wildlife conservation Fund _____

Greenspace Trust Fund _____

Georgia Fund for Children and Elderly _____

Georgia National Guard Foundation _____

Georgia Cancer Research Fund (Breast, Prostate, and Ovarian) _____

Dog and Cat Sterilization Fund _____

6. Were you / spouse called out on Active Military duty? **YES / NO** If Yes, taxpayer or spouse _____

If Yes, **Date of Deployment:** ___ / ___ / _____ **Place of Deployment:** _____

If a member of National Air Guard or Air National Guard, did you / spouse purchase Life Insurance through the service member's Group Life Insurance Program? **YES / NO** If **YES**, amount you paid in 2007 _____ amount spouse paid in 2007 _____

7. Is there any other information you think we should know, credits you feel you are eligible for, or any other questions you have?

YES / NO **IF YES**, what would you like to add? _____
