

QUESTIONS SPECIFIC FOR GEORGIA

1. Did you contribute to Georgia's Higher Education Fund in 2008? **YES / NO** IF YES, please list the following: *(Max is \$2000.00 on behalf of any beneficiary)

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 2008? **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 and totally disabled family member? **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. What phone number can you be reached at this evening: (____) _____ - _____

4. Did you pay for Drivers Education at a PRIVATE Driver Training School licensed by the Dept. of Public Safety for a minor dependent?
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 _____
(Schools 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. Georgia's Use Tax: This tax is imposed on items purchased out-of-state or out-of-country, either directly or through mail order, telephone, or on the Internet when the proper sales tax has not been paid. This Use Tax is to be reported on Form ST-3USE. You may obtain this form at <http://www.dor.ga.gov> **We can not File the Use Tax for you.**

6. 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 Cancer Research Fund _____
Georgia Wildlife Conservation Fund _____ Georgia Greenspace Trust Fund _____ Save the Cure Fund _____
Georgia Fund for Children and Elderly _____ Georgia National Guard Foundation _____ Dog and Cat Sterilization Fund _____

7. If you / spouse are a member of the National Guard or Air National Guard, and you are on active duty or active duty training, for a period of more than 90 days, you may be eligible for a Tax Credit. Did you / spouse pay for life insurance premiums for insurance through the service member's Group Life Insurance Program?
YES / NO If YES, amount you paid in 2008 _____ amount spouse paid in 2008 _____

8. 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? _____