



YOUR SOCIAL SECURITY NUMBER

SCHEDULE 2 CREDITS for LINE 17, PAGE 2 (See Tax Booklet on Pages 13 and 16)

- 1. Other State Credit(s) Tax Credit (See Tax Booklet on Page 15).....▶ 1. .00
- 2. Credits from Form IND-CR (Rural Physicians Credit, Disabled Person Home Purchase or Retrofit Credit, Driver Education Credit, Disaster Assistance Credit, Qualified Caregiving Expense Credit, Georgia National Guard/Air National Guard Credit, Child and Dependent Care Expense Credit, Adoption Credit, Eligible Single-Family Residence Credit).....▶ 2. .00
- 3. Low Emission Vehicle Credit or Zero Emission Vehicle Credit▶ 3. .00
 (Requires DNR certification for either credit)
- 4. Qualified Education Expense Credit (Individual/Non pass through).....▶ 4. 2500.00
- 5. Clean Energy Property Credit (Individual/Non pass through).....▶ 5. .00

Pass Through Credits from Ownership of Sole Proprietor, S Corp., LLC or Partnership Interest and Other Credits
 You must list the appropriate Credit Type Code in the space provided. If you claim more than four credits, enclose a schedule.
 Enter the schedule total on Line 10. See Tax Booklet on Page 16 for a list of available credits and their applicable codes.

| | | |
|----|-------------------------------|------------------|
| 6. | COMPANY NAME | CREDIT CODE TYPE |
| | | |
| | OWNERSHIP | FEIN |
| | | |
| | CREDIT CLAIMED ON THIS RETURN | |
| | | |
| | .00 | |
| 7. | COMPANY NAME | CREDIT CODE TYPE |
| | | |
| | OWNERSHIP | FEIN |
| | | |
| | CREDIT CLAIMED ON THIS RETURN | |
| | | |
| | .00 | |
| 8. | COMPANY NAME | CREDIT CODE TYPE |
| | | |
| | OWNERSHIP | FEIN |
| | | |
| | CREDIT CLAIMED ON THIS RETURN | |
| | | |
| | .00 | |
| 9. | COMPANY NAME | CREDIT CODE TYPE |
| | | |
| | OWNERSHIP | FEIN |
| | | |
| | CREDIT CLAIMED ON THIS RETURN | |
| | | |
| | .00 | |

- 10. Any additional pass-through credits claimed (Attach schedule).....▶ 10. .00
- 11. Low Income Credit (See Tax Booklet). 11a. .00 11b. .00▶ 11c. .00
- 12. Enter the total of Lines 1 through 11 here and on Line 17, Pg. 2 of 500 form...▶ 12. 2500.00