



Department of Revenue
Tax Policy Division
2595 Century Parkway NE, SUITE 501
Atlanta, GA 30345-3173
(404) 417-6649

Application for Certification of Exemption
Licensed Nonprofit In-patient: Nursing Home, Hospice, General Hospital or Mental Hospital
O.C.G.A. § 48-8-3(7); Ga. Comp. R. & Regs r. 560-12-2-.92

(Please Print)

NAME OF INSTITUTION

INSTITUTION REPRESENTATIVE CONTACT NAME AND PHONE NUMBER

MAILING ADDRESS

LOCATION ADDRESS

Type of Operation: State Licensed Nonprofit Nursing Home State Licensed Nonprofit Inpatient Hospice State Licensed Nonprofit General Hospitals State Licensed Nonprofit Mental Hospital

Federal Employer Identification Number (FEIN): _____

The following documents must be submitted with this completed application:

A copy of the applicant's 501(c)(3) Determination Letter issued by the Internal Revenue Service (IRS).

A copy of applicant's license issued by appropriate Georgia regulatory body.

Under penalties of perjury, I certify that this application has been examined by me and to the best of my knowledge is true and correct.

Signature

Date

Printed Name

Title