



Department of Revenue
Legal Affairs & Tax Policy
1800 Century Blvd. N.E. STE 15107
Atlanta, GA 30345
(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