



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