



I. Qualifying Hospitals or II. Qualifying Health Care Organizations or III. Qualifying Rehabilitation Programs for Mentally or Physically Disabled Persons or IV. Qualifying Community Health Centers

This Exemption Certificate is prescribed by the Department of Revenue pursuant to A.R.S. § 42-5009. The purpose of the Certificate is to document tax-exempt transactions with qualified purchasers. It is to be filled out completely by the purchaser and furnished to the vendor. The vendor shall retain this Certificate along with a copy of the organization's annual "Exemption Letter" for single transactions or for specified periods as indicated below. Incomplete Certificates are not considered to be accepted in good faith. Only one category of exemption may be claimed on a Certificate.

Form with two columns: A. Purchaser's Name and Address (Name, Address, City, State, ZIP Code, Vendor's Name) and B. Check Applicable Box (Single Transaction Certificate, Period From/Through dates).

Form with two columns: C. Facility (Name of Facility, Facility Location).

\*(If the purchaser is claiming an exemption for more than one facility location, reference and attach a list of the locations to the Form 5000HC.)

Form with section D. Reason for Exemption: I. Qualifying Hospital (check appropriate box): Hospital, Licensed Nursing Care Institution, Licensed Residential Care Institution, Residential Care Facility Operated in Conjunction with a Licensed Nursing Care Institution, Licensed Kidney Dialysis Center.

Continued on page 2 ->

