



**STATE OF GEORGIA
DEPARTMENT OF REVENUE
SALES AND USE TAX CERTIFICATE OF EXEMPTION
1800 Century Center Boulevard, NE, Ste. 15311
Atlanta, Georgia 30345-3205
Telephone: (404) 417-6649**

**LICENSED NONPROFIT NURSING HOME
LICENSED NONPROFIT GENERAL HOSPITAL
LICENSED NONPROFIT MENTAL HOSPITAL
LICENSED NONPROFIT IN-PATIENT HOSPICE**

TO: _____ (SUPPLIER) _____ (DATE)

_____ (ADDRESS)

THE UNDERSIGNED HEREBY CERTIFIES that all tangible personal property or services purchased after this date will be purchased for its use exclusively in performing a nonprofit nursing home; nonprofit general hospital; nonprofit mental hospital; or nonprofit in-patient hospice function.

Any tangible personal property or services obtained under this Certificate of Exemption is subject to the sales and use tax if it is used or consumed by the purchaser in any manner other than indicated on this certificate.

I declare, under penalties of false swearing, that this certificate has been examined by me and to the best of my knowledge and belief is true and correct, made in good faith, pursuant to the sales and use tax laws of the State of Georgia.

_____ (PURCHASER) _____ (GA CERTIFICATE OF REGISTRATION NO.)

_____ (ADDRESS)

_____ (SIGNATURE) _____ (TITLE - OWNER, PARTNER, OFFICIAL)

A supplier must have in file only one valid Certificate of Exemption bearing purchaser's registration number.