



**Arizona Form
5000HC**

**Transaction Privilege Tax
Healthcare Exemption Certificate**

- I. Qualifying Hospitals**
 or
II. Qualifying Health Care Organizations (QHCO)
 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. **An Organization qualified as a QHCO or an Organization with specialized programs for mentally or disabled persons will have limitations on how the items purchased are used. To be exempt in those cases, the purchases must be used SOLELY to provide health and medical related educational and charitable services or for the Organizations' programs. These reasons should be included in Section E.** This form 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.

Vendors: Please review the Organization's annual Exemption Letter carefully.

A. Purchaser's Name and Address:	B. Check Applicable Box:
Purchaser's Name	<input type="checkbox"/> Single Transaction Certificate
Address	<input type="checkbox"/> Period From _____ Through _____ <small>(You must choose specific dates for which the certificate will be valid. You are encouraged not to exceed a 12 month period. However, a certificate will be considered to be accepted in good faith for a period not to exceed 48 months if the vendor has documentation the TPT license is valid for each calendar year covered in the certificate.)</small>
City State ZIP Code	
Purchaser's Email (Optional)	Purchaser's Telephone Number (Optional)
Vendor's Name	

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.)

D. Reason for Exemption:
I. Qualifying Hospital (check appropriate box): <input type="checkbox"/> Hospital - The above location or satellite facility provides through an organized medical staff, inpatient beds, medical services, and continuous nursing services for the diagnosis and treatment of patients. <input type="checkbox"/> Licensed Nursing Care Institution - The above location is a health care institution providing inpatient beds or resident beds and nursing services to persons who need nursing services on a continuing basis but who do not require hospital care or direct daily care from a physician. <input type="checkbox"/> Licensed Residential Care Institution - The above location is a health care institution other than a hospital or a nursing care institution that provides resident beds or residential units, supervisory care services, personal care service, directed care services or health-related services for persons. <input type="checkbox"/> Residential Care Facility Operated in Conjunction with a Licensed Nursing Care Institution - The above location provides medical, nursing, or health-related services for residents of the residential units and is operated in conjunction with a licensed Nursing Care Institution. <input type="checkbox"/> Licensed Kidney Dialysis Center - The above location provides medical, nursing or health-related services and is not used or held for profit.

