



PTAX-300-HA Affidavit for Hospital Property Tax Exemption — (35 ILCS 200/15-10e)

Step 1: Identify the property

- 1 Name of hospital or affiliate filing the affidavit
2 Street address of hospital or affiliate
City IL ZIP
3 County in which property is located
4 Provide the Department of Revenue Docket number for which this affidavit is being filed.
5 Write the assessment year for which this affidavit is being filed.
6 What is your fiscal year?

- 7 Check the relevant hospital entity:
hospital owner - write the license number:
hospital affiliate - explain relationship:
hospital system - explain relationship:
8 Property index numbers (PIN) included in this affidavit.
(Continue on back page.)
9 If the applicant has an Illinois sales tax exemption number, write it here. E
10 Check what the value of services and activities below reflect:
hospital year
average of 3 fiscal years ending with hospital year

Step 2: Provide the following about the services and activities for the relevant hospital entity

- 11 Write the amount of charity care provided.
12 Write the amount of unreimbursed costs for health services provided to low-income and underserved individuals.
13 If the hospital gives a subsidy to a state or local government, write the total amount.
14 If the hospital gives a subsidy for Illinois health care programs to low-income individuals, write the total amount.
15 If the hospital provides a dual-eligible subsidy by treating Medicare/Medicaid patients, multiply
1) the hospital's ratio of dual-eligible patients to the total number of Medicare patients by
2) the total of unreimbursed costs of Medicare.
16 If the hospital provided relief for the government as it relates to health care services for low income individuals, write the total low-income portion of unreimbursed costs.
17 The value of any other service or activity not reported above.
Clearly specify the service or activity:
18 Total-Add Lines 11 through 17.
19 What is the total amount of property taxes, actual or estimated, for all the exempt property the owner, affiliate, or system, identified on Line 7, owns for the tax year for which this affidavit is being submitted?
20 Has the ownership or use of this property identified on Line 8 changed from the prior year?
21 Have there been any changes from the prior year with respect to the leasing of any of the properties identified on Line 8? If yes, please explain and provide a copy of the rental agreement/lease.

Step 3: Signature and notarization

Under penalties of perjury, I state that, to the best of my knowledge, the information contained in this affidavit is true, correct, and complete.

Signature Date
Contact phone number
Email address

Subscribed and sworn to before me this
day of , 20

Notary public

Complete and submit this affidavit to the Chief County Assessment Officer.

--For county use only--

Authorized Signature of Chief County Assessment Officer

Date

