



# AFFIDAVIT FOR EXEMPT PURCHASE OF MEDICAL SUPPLIES

Medical facilities should complete this form and provide to their vendors for tax-exempt purchases.

|   |       |                            |
|---|-------|----------------------------|
| Purchaser Name  |       | Denver Sales Tax License # |
| Purchaser <b>Mailing</b> Address  |       |                            |
| City  | State | ZIP Code                   |
| <b>Ship-to</b> Address  |       |                            |
| City  | State | ZIP Code                   |
| Vendor Name   |       |                            |
| Description of merchandise. Multiple items may be listed. Use one form for category A items and a separate form for category B items (see below). |       |                            |

**Categories of merchandise.** Check A or B and then all applicable sub-categories

- A  The medical supplies, as defined in DRMC 53-24(17) and 53-95(19), are being purchased for the direct, personal use of a specific individual in accordance with a prescription or other written directive issued by a licensed practitioner of medicine, dentistry or podiatry AND will be itemized on patients' bills and are:
- drugs, prosthetic devices, or special beds for patients with neuromuscular or similar debilitating ailments,
  - corrective eyeglass lenses (including eyeglass frames), or corrective contact lenses,
  - wheelchairs or crutches,
  - oxygen or hemodialysis products for use by a medical patient.

- B  The medical supplies are specifically exempt under DRMC 53-26(7) and 53-97(7) and are:
- hearing aids, hearing aid batteries,
  - insulin, insulin measuring and injecting devices, glucose to be used for treatment of insulin reactions,
  - human whole blood, plasma, blood products and derivatives.

- I affirm that this purchase qualifies for the City and County of Denver sales tax exemption for the sale and purchase of medical supplies as defined in the *Denver Revised Municipal Code* 53-24(17) and 53-95(19).
- I accept that I remain liable for the sales or use tax, and any applicable penalty or interest, on all transactions covered by this affidavit if they are found to not qualify for the exemption.
- I understand that the vendor may request this affidavit for every product, and that this form is not intended to be used as a blanket exemption for all purchases from this vendor.

\_\_\_\_\_  
Signed on behalf of purchasing company

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date