

Application for Exemption of Medical or Biomedical Personal Property

Form 50-842

Tax Year

Appraisal District's Name

Appraisal District Account Number (if known)

GENERAL INFORMATION: This application applies to medical or biomedical property that is owned or leased and meets the qualifications for exemption pursuant to Tax Code Section 11.36.

FILING INSTRUCTIONS: Applicants must file this application and all supporting documentation with the appraisal district office in each county in which the property is located. **Do not file this document with the Texas Comptroller of Public Accounts.**

SECTION 1: Property Owner/Applicant

Did the applicant own the property that is the subject of this application on Jan. 1 of the tax year? Yes No

Individual Partnership Corporation Other (specify): _____

Name of Property Owner

Driver's License, Personal I.D. Certificate
Social Security Number or Federal Tax I.D. Number*

Physical Address, City, State, ZIP Code

Primary Phone Number (area code and number)

Email Address**

Mailing Address, City, State, ZIP Code (if different from the physical address provided above)

SECTION 2: Authorized Representative

If you are an individual property owner filing this application, skip to Section 3; all other applicants filing on the property owner's behalf are required to complete Section 2.

Please indicate the basis for your authority to represent the property owner in filing this application:

Officer of the company General Partner of the company Attorney for property owner

Agent for tax matters appointed under Tax Code Section 1.111 with completed and signed Form 50-162

Other and explain basis: _____

Provide the following information for the individual with the legal authority to act for the property owner in this matter:

Name of Authorized Representative

Driver's License, Personal I.D. Certificate, or Social Security Number*

Title of Authorized Representative

Primary Phone Number (area code and number)

Email Address**

Mailing Address, City, State, ZIP Code

SECTION 3: Property Description

Provide the following information for the location of the medical or biomedical property:

Physical Address (i.e., street address, not P.O. Box), City, State, ZIP Code

Appraisal District Account Number (if known)

Legal Description:

[Empty box for legal description]

SECTION 4: Property Use

- 1. Is the property for which you are claiming the exemption located in a medical or biomedical facility that is owned or leased by the applicant?
2. Does the facility conduct manufacturing or processing of medical or biomedical equipment for purposes of development and commercialization of products to advance public health?
3. Is the property stored, used or consumed in the manufacturing or processing of medical or biomedical products by a medical or biomedical manufacturer?
4. Is the property intended for use in the diagnosis, cure, mitigation, treatment or prevention of a condition or disease?
5. Is the property intended for use in medical or biomedical research, including the invention, development and dissemination of materials, tools, technologies, processes and similar means for translating and applying medical and scientific research for practical application to advance public health?

SECTION 5: Required Documents

You are required to include the following documents with this application:

- List of medical or biomedical property for which you are claiming the exemption and its intended use. See page 3.

SECTION 6: Certification and Signature

If you make a false statement on this form, you could be found guilty of a Class A misdemeanor or a state jail felony under Penal Code Section 37.10.

I, [Signature Line], swear or affirm the following:
Printed Name of Property Owner or Authorized Representative

- 1. that each fact contained in this application is true and correct;
2. that the property described in this application meets the qualifications under Texas law for the exemption of medical or biomedical personal property claimed;
3. that I have read and understand the Notice Regarding Penalties for Making or Filing an Application Containing a False Statement.

sign here

Signature of Property Owner or Authorized Representative

Date

* If the property owner is a company or other legal entity (not an individual), the Federal Tax I.D. Number is to be provided. Disclosure of your social security number (SSN) may be required and is authorized by law for the purpose of tax administration and identification of any individual affected by applicable law.

** An email address of a member of the public could be confidential under Government Code Section 552.137; however, by including the email address on this form, you are affirmatively consenting to its release under the Public Information Act.

Important Information

GENERAL INFORMATION

This application is for use in requesting a property tax exemption for medical or biomedical property that is owned or leased by the person and located in a medical or biomedical manufacturing facility that the person owns or leases pursuant to Tax Code Section 11.36.

FILING INSTRUCTIONS

Applicants must file this application and all supporting documentation with the appraisal district office in each county in which the property is located so the chief appraiser can determine whether the property meets the statutory qualifications for the exemption. **Do not file this document with the Texas Comptroller of Public Accounts.** You can find a county directory for appraisal district offices on the Comptroller's website.

APPLICATION DEADLINES

Applicants must submit this application and supporting documentation to the appraisal district beginning Jan. 1 and no later than April 30 of the year the property owner requests exemption. If the property owner acquires the property after Jan. 1, they may receive the exemption for the applicable portion of that tax year immediately on qualification for the exemption.

REQUIRED DOCUMENTATION

List all items for which you are claiming an exemption on page 3 of this application and their intended use.

DUTY TO NOTIFY

Once the chief appraiser grants this exemption, an applicant does not need to apply annually unless property ownership changes or qualifications for the exemption change. The chief appraiser may require the property owner to file a new application to confirm eligibility by sending written notice and an application. The property owner must notify the chief appraiser in writing before May 1 after the right to the exemption ends.