

<b>Name of the Health Care- Related Provider Tax / Assessment (enter each on a separate line)</b>	<b>Identify the permissible class for this tax / assessment</b>	<b>Is the tax / assessment broad- based?</b>	<b>Is the tax / assessment uniform?</b>	<b>Is the tax / assessment under the 6% indirect hold harmless limit?</b>	<b>If not under the 6% indirect hold harmless limit, does it pass the "75/75" test?</b>	<b>Does it contain a hold harmless arrangement that guarantees to return all or any portion of the tax payment to the tax payer?</b>
Bell County	Inpatient Hospital Services	Yes	Yes	Yes	N/A	No
McLennan County	Inpatient Hospital Services	Yes	Yes	Yes	N/A	No
Smith County	Inpatient Hospital Services	Yes	Yes	Yes	N/A	No