**Year 1 Information: (Year 2 information will be updated once enrollment for Year 2 is complete)**

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