2025 Qualified Rural Hospital Organization Expense Tax Credit Proxy for IRS Form 990

Attestation Statement

I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. **This information is due 10/30/2026.**

Signature of Officer: _____ Date: _____

Print Name and Title: _____

Signature of Preparer _____ Date: _____

Print Preparer's Name: _____

Preparer's Firm's Name: _____

Preparer's Firm's Address: _____

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