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**Next**

**8038-G** Information Return for Tax-Exempt Governmental Obligations  
 Form 8038-G (Rev. 9/2011) Under Internal Revenue Code section 1496  
 Department of the Treasury Internal Revenue Service

**Part I Reporting Authority**

1 Issuer's name  
 2 Issuer's employer identification number (EIN)  
 3a Name of person (other than issuer) with whom the IRS may communicate about this return (see instructions)  
 3b Telephone number of other person shown on 3a  
 4 Number and street or P.O. box if mail is not delivered to street address  
 5 Room/suite  
 6 City, town, or post office, state, and ZIP code  
 7 Date of issue  
 8 Name of issue  
 9 CUSIP number  
 10a Name and title of officer or other employee of the issuer whom the IRS may call for more information (see instructions)  
 10b Telephone number of officer or other employee shown on 10a

**Part II Type of Issue (enter the issue price).** See the instructions and attach schedule.

11 Education	11
12 Health and hospital	12
13 Transportation	13
14 Public safety	14
15 Environment (including sewage bonds)	15
16 Housing	16
17 Utilities	17
18 Other. Describe	18

19a If obligations are TANs or RANs, check only box 19a  
 19b If obligations are BANs, check only box 19b  
 20 If obligations are in the form of a lease or installment sale, check box

**Part III Description of Obligations.** Complete for the entire issue for which this form is being filed.

21	Final maturity date	22 Issue price	23 Bond redemption price at maturity	24 Weighted average maturity	25 Years	26 %
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**Part IV Uses of Proceeds of Bond Issue (including underwriters' discount)**

27	Proceeds used for accrued interest	28
29	Issue price of entire issue (enter amount from line 21, column (b))	29
30	Proceeds used for bond issuance costs (including underwriters' discount)	30
31	Proceeds used for credit enhancement	31
32	Proceeds allocated to reasonably required reserve or replacement fund	32
33	Proceeds used to currently refund prior issues	33
34	Proceeds used to advance refund prior issues	34
35	Total (add lines 24 through 28)	35
36	Nonrefunding proceeds of the issue (subtract line 29 from line 35 and enter amount here)	36

**Part V Description of Refunded Bonds.** Complete this part only for refunding bonds.

37 Enter the remaining weighted average maturity of the bonds to be currently refunded  
 38 Enter the remaining weighted average maturity of the bonds to be advance refunded  
 39 Enter the last date on which the refunded bonds will be called (MM/DD/YYYY)  
 40 Enter the date(s) the refunded bonds were issued (MM/DD/YYYY)

For Paperwork Reduction Act Notice, see separate instructions. Cat. No. 637735 Form 8038-G (Rev. 9/2011)



Use required on or after July 1, 2010. Tennessee Department of Health  
**CERTIFICATE OF IMMUNIZATION**

Child's Name (Last name, first name, middle) Birthdate (MM/DD/YYYY)  
 Parent/Guardian Name (Last name, first name, middle)  
 Phone (include area code) (615) 333-3333  
 Address  
 City State Zip Code

**Section 1a. Religious Exemption**  
 Check here if religious exemption to immunization selected by parent/guardian  
**1b. Health Examination Documentation (if required)**  
 This child has been examined. MM/DD/YYYY

Certified by (Signature/Stamp)  
**1c. Check if needed**  
 Dental Screening  
 Vision Screening

Unless specifically exempted by law, Tennessee law requires a certificate on file for each child in attendance in any school or child care facility in Tennessee. Detailed instructions for this form and explanation of requirements are in "Instructions for Completion of Immunization Certificates" and the "Official Immunization Schedule" at the Tennessee Department of Health website (<http://health.state.tn.us/CEDS/required.htm>) and on the Tennessee Web Immunization System.

VACCINE	DATE	DATE	DATE	DATE	DATE	DATE	Total Doses	Documentation (Y/N)	Entry (Y/N)	Number (0/1)
	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY				
<b>Section 2a. Required Vaccines for School or Child Care Attendance (Dates Required)</b>										
Polio										
Pneumococcal (PCV)										
DTP, DTaP, DT, Td										
Poliomyelitis										
Hepatitis B										
Hepatitis A										
Measles										
Mumps										
Rubella										
Varicella										
Tdap Booster										
<b>2b. Recommended Vaccines (Documentation Optional)</b>										
Rotavirus										
Influenza										
Meningococcal										
HPV										

**Section 3. Provider Assessment ("select one", not valid if blank)**  
 A) Temporary Certificate - Expires MM/DD/YYYY  
 B) Up to Date for Child Care Entry and <18 Months of Age  
 C) Complete for Child Care (Pre-School)  
 D) Complete K-6<sup>th</sup> Grade  
 E) Complete 7<sup>th</sup> Grade or Higher

**Section 4. (Required) Printed or Stamped Name, Address, Phone of Qualified Healthcare Provider (MD, DO, PA, Advanced Practice Nurse or Health Department):**

Certified by (Signature/Stamp) Date of Issue

PH-4193 (Rev. 8/11) RDA-NA

Original (2011) Appendix A  
 Tennessee Department of Health  
**CERTIFICATE OF IMMUNIZATION FROM ABSENTEE VACCINE**

Child's Name (Last name, first name, middle) Birthdate (MM/DD/YYYY)  
 Parent/Guardian Name (Last name, first name, middle)  
 Phone (include area code) (615) 333-3333  
 Address  
 City State Zip Code

**Section 1. Child's Information**

**Section 2. Immunization Status**

**Section 3. Provider Assessment ("select one", not valid if blank)**  
 A) Temporary Certificate - Expires MM/DD/YYYY  
 B) Up to Date for Child Care Entry and <18 Months of Age  
 C) Complete for Child Care (Pre-School)  
 D) Complete K-6<sup>th</sup> Grade  
 E) Complete 7<sup>th</sup> Grade or Higher

**Section 4. (Required) Printed or Stamped Name, Address, Phone of Qualified Healthcare Provider (MD, DO, PA, Advanced Practice Nurse or Health Department):**

Certified by (Signature/Stamp) Date of Issue

PH-4193 (Rev. 8/11) RDA-NA

