



STATE OF MAINE  
 MAINE REVENUE SERVICES  
 24 STATE HOUSE STATION  
 AUGUSTA, MAINE  
 04333-0024

ADMINISTRATIVE & FINANCIAL  
 SERVICE

REBECCA M. WYKE  
 COMMISSIONER

John Elias Baldacci  
 GOVERNOR

JEROME D. GERARD  
 ACTONG EXECUTIVE DIRECTOR

**APPLICATION FOR SALE/USE TAX EXEMPTION CERTIFICATE  
 FOR AN INCORPORATED INTERNATIONAL NONPROFIT ORGANIZATION THAT LOANS  
 MEDICAL SUPPLIES AND EQUIPMENT TO PERSONS**

**Name of Corporation** \_\_\_\_\_  
**Name of Organization** \_\_\_\_\_  
**Physical Location** \_\_\_\_\_  
**Mailing Address** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The statute reads, "Charitable suppliers of medical equipment. Sales to local branches of incorporated international nonprofit charitable organizations which provide, on a loan basis and free of charge, medical supplies and equipment to persons. PL 1989, c. 502, Pt. A, §129 (rpr)."

*Is the organization incorporated?* Yes \_\_\_ No \_\_\_  
Send a copy of the articles of incorporation  
*Has the organization received 501(c) nonprofit status from the IRS?* Yes \_\_\_ No \_\_\_  
Send a copy of the IRS determination letter indicating 501(c) nonprofit status

- IN ORDER TO PROCESS THE APPLICATION THE FOLLOWING MUST BE INCLUDED
1. Copy of the Articles of Incorporation, as well as a copy of the Constitution and/or By-law
  2. Copy of the IRS determination letter indicating 501(c) nonprofit status

I hereby certify that \_\_\_\_\_ is an incorporated international nonprofit organization. I therefore request that a sales/use tax exemption certificate be issued to the above organization pursuant to Title 36 MRSA 1760 (62).

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Tel: \_\_\_\_\_ Print Name: \_\_\_\_\_

Fed ID# \_\_\_\_\_ Title: \_\_\_\_\_

Date Facility Opened: \_\_\_\_\_

ST-R-25