



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 NONPROFIT HOME HEALTH CARE AGENCY**

Name of Corporation _____
Name of Home Health Care Agency _____
Physical Location _____
Mailing Address _____

The statute reads, "Incorporated nonprofit home health care agencies certified under the United States Social Security Act of 1965, Title XVIII, as amended."

Is the home health care agency incorporated? Yes ___ No ___
Send a copy of the articles of incorporation

Has the home health care agency 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
 3. Copies of any licenses in reference to this agency.

I hereby certify that _____ is an incorporated nonprofit home health care agency. I therefore request that a sales/use tax exemption certificate be issued to the above organization pursuant to Title 36 MRSA 1760 (16).

Date: _____ Signature: _____
 Tel: _____ Print Name: _____
 Fed ID: _____ Title: _____
 Date Facility Opened: _____

ST-R-32