



MAINE REVENUE SERVICES SALES, FUEL & SPECIAL TAX DIVISION EXEMPTION APPLICATION

INCORPORATED NONPROFIT COMMUNITY ACTION AGENCY

Name of Corporation _____
Name of Community Action Agency _____
Physical Location _____
Mailing Address _____

The statute reads, “Sales to community action agencies designated in accordance with Title 22, section 5324.” PL 1999, c. 499, §1 (NEW); PL 2003, c. 673, Pt. V, §25 (NEW); PL 2003, c. 673, Pt. V, §29 (AFF); PL 2009, c. 204, §12 (AMD).

IN ORDER TO PROCESS THE APPLICATION THE FOLLOWING *MUST BE INCLUDED*:

1. Copy of your letter from the Maine Department of Health and Human Services designating the organization as a community action agency.

Note: All information contained on this application is subject to **VERIFICATION** by Maine Revenue Services. Maine Revenue Services may request additional information or documentation necessary to determine eligibility.

I hereby certify under the pains and penalties of perjury that _____ is an incorporated nonprofit community action agency. I therefore request that a sales, use and service provider tax exemption certificate be issued to the above organization pursuant to 36 M.R.S. §§ 1760(49) and 2557(13).

Date: _____ Signature: _____

Tel: _____ Printed Name: _____

Fed ID: _____ Title: _____

Email: _____ Date Facility Opened: _____

Mailing address: Maine Revenue Services, P.O. Box 1060, Augusta, ME 04332-1060

APP-133 (Rev 03/2020)