



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

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## INCORPORATED NONPROFIT ORGANIZATIONS OR THEIR AFFILIATES WHOSE PURPOSE IS TO PROVIDE FREE CLINICAL ASSISTANCE TO CHILDREN WITH DYSLEXIA

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

**The statute reads,** “Sales to incorporated nonprofit organizations or their affiliates whose purpose is to provide free clinical assistance to children with dyslexia.” PL 2005, c. 622, §§6 and 10 (NEW).

*Is the organization incorporated?* Yes \_\_\_ No \_\_\_

*Has the organization received 501(c) nonprofit status from the IRS?* Yes \_\_\_ No \_\_\_

### 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-laws;
2. Copy of the IRS determination letter indicating 501(c) nonprofit status;
3. Please forward any licenses, publications issued to or by your organization which would provide details regarding purpose, mission and/or services offered, if applicable.

**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 provider of free clinical assistance to children with dyslexia. 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(16)(L) and 2557(3)(L).

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-143 (Rev 03/2020)