

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

INCORPORATED NONPROFIT HOSPICE ORGANIZATION

Name of Corporation		
Name of Hospice Orga	inization	
Physical Location		
Mailing Address		
e		

The statute reads, "Incorporated nonprofit hospice organizations. Sales to incorporated nonprofit hospice organizations which provide a program or care for the physical and emotional needs of terminally ill patients." PL 1985, c. 788, §1 (NEW); PL 2003, c. 673, Pt. V, §25 (NEW); PL 2003, c. 673, Pt. V, §29 (AFF).

Is the hospice organization incorporated? Yes ____ No ____

Has the hospice organization received 501(c) nonprofit status from the IRS? Yes ____ No ____

IN ORDER TO PROCESS THE APPLICATION THE FOLLOWING <u>MUST</u> 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. Copy of License issued by the Maine Department of Health & Human Services;

4. Please forward any licenses, publications issued to or by your organization which would provide details regarding purpose, mission and/or services offered, if applicable.

<u>Note:</u> All information contained on this application is subject to <u>VERIFICATION</u> 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 hospice organization. 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(55) and 2557(17).

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-128 (Rev 03/2020)

Phone: (207) 624-9693

V/TTY: 7-1-1 E-mail: <u>salesapp.MRS@maine.gov</u>