



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

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**INCORPORATED NONPROFIT STATEWIDE ORGANIZATION THAT ADVOCATES FOR CHILDREN AND THAT ARE MEMBERS OF THE MEDICAID ADVISORY COMMITTEE**

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

**The statute reads,** "Statewide organizations that advocate for children and that are members of the Medicaid Advisory Committee." PL 1999, c. 499, §1 (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-law
2. Copy of the IRS determination letter indicating 501(c) nonprofit status

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 non profit organization that advocate for children and are members of the Maine Care Advisory Committee. I therefore request that a sales/use tax exemption certificate be issued to the above organization pursuant to Title 36 MRS 1760 (49).

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

Tel: \_\_\_\_\_ Printed Name: \_\_\_\_\_

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

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

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

APP-142 (Rev 10/05)