



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

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

Name of Corporation _____
Name of Organization _____
Physical Location _____
Mailing Address _____

The statute reads, Sales to "incorporated nonprofit organization or their affiliates whose purpose is to provide free clinical assistance to children with dyslexia." PL 2005, c. 622, §6 (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
3. Please forward any publications issued 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 that _____ is an incorporated nonprofit organization. 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: _____

Printed Name: _____

Fed ID: _____

Title: _____

Date Facility Opened: _____

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

APP-143 (Rev 10/05)

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