



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

INCORPORATED NONPROFIT VETERANS' SUPPORTIVE SERVICES ORGANIZATIONS

Name of Corporation _____
 Physical Location _____
 Mailing Address _____

The statute reads, "Certain veterans' support organizations. Sales to incorporated nonprofit organizations organized for the purpose of providing direct supportive services in the State to veterans and their families living with service-related post-traumatic stress disorder or traumatic brain injury." PL 2015, c. 267, Pt. OOOO, §4 (NEW); PL 2015, c. 267, Pt. OOO, §7 (AFF); PL 2017, c. 267, Pt. TTTT, §6 (AMD); PL 2017, c. 267, Pt. TTTT, §9 (AFF).

Is the support organization incorporated? Yes ___ No ___
Has the organization received 501(c) nonprofit status from the IRS? Yes ___ No ___
Is the stated purpose of the organization to provide direct supportive services in Maine to veterans and their families living with service-related post-traumatic stress disorder or traumatic brain injury? 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 organization organized for the primary purpose of providing direct supportive services in the State to veterans and their families living with service-related post-traumatic stress disorder or traumatic brain injury. 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(98) and 2557(37).

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-156 (Rev 03/2020)