



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

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## INCORPORATED NONPROFIT VETERANS' SUPPORTIVE SERVICES ORGANIZATIONS

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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, §OOOO-4 and TTTT-8

*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 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 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. I therefore request that a sales/use tax exemption certificate be issued to the above organization pursuant to Title 36 MRSA §1760 (98) and Title 36 MRSA §2557 (37).

Date: \_\_\_\_\_  
Tel: \_\_\_\_\_  
Fed ID: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date Facility Opened: \_\_\_\_\_

Mailing address: Maine Revenue Service, P.O. Box 1060, Augusta, ME 04332-1060  
APP-156 (Rev 09/15)

Phone: (207) 624-9693

V/TTY: 7-1-1  
E-mail: [sales.tax@maine.gov](mailto:sales.tax@maine.gov)

Fax: (207) 287-6628