

Indiana Department of Revenue
**Nonprofit Application for
 Temporary Sales Tax Exemption**
 NO FEE REQUIRED.

Part 1			
Full Name of Organization		This Area for Department Use Only	
Street Address			Type
City, State, ZIP Code		County	
Start date for exemption	End date for exemption	Indiana Taxpayer Identification Number	Federal Employer Identification Number
What is the predominant purpose of your organization?			

Part 2
<p>1. Indicate type of qualifying organization named in IC 6-2.5-5-21 (Check only one box in A, B, or C).</p> <p>A. Organized specifically as a:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 25%;"> <input type="checkbox"/> (1) Church <input type="checkbox"/> (2) Hospital </div> <div style="width: 25%;"> <input type="checkbox"/> (3) Monastery/Convent <input type="checkbox"/> (4) Parochial School </div> <div style="width: 25%;"> <input type="checkbox"/> (5) Labor Union <input type="checkbox"/> (6) Pension Trust </div> <div style="width: 25%;"> <input type="checkbox"/> (7) Veteran's Group </div> </div> <p>B. Organized and operated for one of the following reasons:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 25%;"> <input type="checkbox"/> (1) Religious <input type="checkbox"/> (2) Charitable </div> <div style="width: 25%;"> <input type="checkbox"/> (3) Scientific <input type="checkbox"/> (4) Literary </div> <div style="width: 25%;"> <input type="checkbox"/> (5) Educational <input type="checkbox"/> (6) Civic </div> <div style="width: 25%;"> <input type="checkbox"/> (7) Student Co-operative Housing </div> </div> <p>C. Organized and operated as one of the following entities:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 33%;"> <input type="checkbox"/> (1) Fraternal (including fraternal beneficiary societies) </div> <div style="width: 33%;"> <input type="checkbox"/> (2) Business League </div> <div style="width: 33%;"> <input type="checkbox"/> (3) Business Association </div> </div>
<p>2. Do you sell or rent tangible personal property or have other receipts that are subject to sales tax? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Is this organization a local affiliate of a national or parent organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter name and address of national or parent organization.</p>
<p>4. Has this organization previously applied for Indiana exempt status? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate previous registration number.</p>

IMPORTANT – Attach the following document.		
Copy of federal determination letter (ruling from the Internal Revenue Service) showing the section of the Internal Revenue Code exemption from federal tax has been granted. To obtain a copy of federal determination letter or to apply for federal exemption, contact the IRS at 1-877-829-5500.		
Mail To: Indiana Department of Revenue P.O. Box 1261 Indianapolis, IN 46207-1261 317-232-3424		
I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and I have examined this application, including the accompanying statements, and to the best of my knowledge it is true, correct and complete.		
Name of Person(s) to Contact	Daytime Telephone Number(s)	Email Address
Signature	Title	Date Signed