

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

Part I			
Full Name of Organization		This Area for Department Use Only	
		Type	
Street Address			
City, State, ZIP Code		County	
		Indiana Taxpayer Identification Number	Federal Employer Identification Number
Start date for exemption:	End date for exemption:		

What is the predominant purpose of your organization?

Part II

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

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) 232-0129

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