NP-20A
State Form 51064
(R2 / 10-10)

Indiana Department of Revenue

Nonprofit Application for 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		
Date Incorporated or Formed:	Enter the Month Your Accounting Period Ends:	Indiana Taxpayer Identification Number	Federal Identification Number

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:

☐ (1) Church ☐ (3) Monastery/Convent ☐ (5) Departmental Use Only ☐ (7) Pension Trust
☐ (2) Hospital ☐ (4) Parochial School ☐ (6) Labor Union ☐ (8) Veteran's Group

B. Organized and operated for one of the following reasons:

☐ (1) Religious ☐ (3) Scientific ☐ (5) Educational ☐ (7) VEBA
☐ (2) Charitable ☐ (4) Literary ☐ (6) Civic ☐ (8) Student Co-operative Housing

C. Organized and operated as one of the following entities:

☐ (1) Fraternal (including fraternal beneficiary societies) ☐ (2) Departmental Use Only ☐ (4) Business Association
☐ (3) Business League

2. Does your organization sell or rent personal property for more than 30 days in a calendar year? ☐ 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 documents.

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
Tax Administration
P.O. Box 7206
Indianapolis, IN 46207-7206
(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