

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	
Street Address			
City, State, ZIP Code		County	
		Indiana Taxpayer Identification Number	
		Federal Employer Identification Number	
Date Incorporated or Formed:	Enter the Month Your Accounting Period Ends:		
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).	
<p>A. Organized specifically as a:</p> <p><input type="checkbox"/> (1) Church <input type="checkbox"/> (3) Monastery/Convent <input type="checkbox"/> (5) Labor Union <input type="checkbox"/> (7) Veteran's Group</p> <p><input type="checkbox"/> (2) Hospital <input type="checkbox"/> (4) Parochial School <input type="checkbox"/> (6) Pension Trust</p>	
<p>B. Organized and operated for one of the following reasons:</p> <p><input type="checkbox"/> (1) Religious <input type="checkbox"/> (3) Scientific <input type="checkbox"/> (5) Educational <input type="checkbox"/> (7) Student Co-operative Housing</p> <p><input type="checkbox"/> (2) Charitable <input type="checkbox"/> (4) Literary <input type="checkbox"/> (6) Civic</p>	
<p>C. Organized and operated as one of the following entities:</p> <p><input type="checkbox"/> (1) Fraternal (including fraternal beneficiary societies) <input type="checkbox"/> (2) Business League</p> <p><input type="checkbox"/> (3) Business Association</p>	
2. Do you sell or rent tangible personal property or have other receipts that are subject to sales tax? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3. Is this organization a local affiliate of a national or parent organization? <input type="checkbox"/> No <input type="checkbox"/> Yes – If so enter name and address of national or parent organization.	
4. Has this organization previously applied for Indiana exempt status? <input type="checkbox"/> No <input type="checkbox"/> Yes – If so, please indicate previous registration number.	
5. If you are unable to file Form NP-20R (Nonprofit Organization's Report) or request Form NP-1 (Nonprofit Sales Tax Exemption Certificate) electronically due to religious beliefs, please check the box below:	
<input type="checkbox"/> I am requesting an exemption from the requirement to file electronically.	

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