

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			Type
City, State, Zip Code		County	
Date Incorporated or Formed:		Enter the Month Your Accounting Period Ends:	
What is the predominant purpose of your organization?		Indiana Taxpayer Identification Number	
		Federal Employer Identification Number	

Part II																						
<p>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> <p>A. Organized specifically as a:</p> <table style="width:100%; border: none;"> <tr> <td style="width: 25%;"><input type="checkbox"/> (1) Church</td> <td style="width: 25%;"><input type="checkbox"/> (3) Monastery/Convent</td> <td style="width: 25%;"><input checked="" type="checkbox"/> (5) Departmental Use Only</td> <td style="width: 25%;"><input type="checkbox"/> (7) Pension Trust</td> </tr> <tr> <td><input type="checkbox"/> (2) Hospital</td> <td><input type="checkbox"/> (4) Parochial School</td> <td><input type="checkbox"/> (6) Labor Union</td> <td><input type="checkbox"/> (8) Veteran's Group</td> </tr> </table> <p>B. Organized and operated for one of the following reasons:</p> <table style="width:100%; border: none;"> <tr> <td style="width: 25%;"><input type="checkbox"/> (1) Religious</td> <td style="width: 25%;"><input type="checkbox"/> (3) Scientific</td> <td style="width: 25%;"><input type="checkbox"/> (5) Educational</td> <td style="width: 25%;"><input type="checkbox"/> (7) VEBA</td> </tr> <tr> <td><input type="checkbox"/> (2) Charitable</td> <td><input type="checkbox"/> (4) Literary</td> <td><input type="checkbox"/> (6) Civic</td> <td><input type="checkbox"/> (8) Student Co-operative Housing</td> </tr> </table> <p>C. Organized and operated as one of the following entities:</p> <table style="width:100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> (1) Fraternal (including fraternal beneficiary societies)</td> <td style="width: 50%;"><input checked="" type="checkbox"/> (2) Departmental Use Only</td> </tr> <tr> <td></td> <td><input type="checkbox"/> (3) Business League</td> </tr> <tr> <td></td> <td><input type="checkbox"/> (4) Business Association</td> </tr> </table> <p>2. Does your organization sell or rent personal property for more than 30 days in a calendar year? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>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.</p> <p>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.</p>	<input type="checkbox"/> (1) Church	<input type="checkbox"/> (3) Monastery/Convent	<input checked="" type="checkbox"/> (5) Departmental Use Only	<input type="checkbox"/> (7) Pension Trust	<input type="checkbox"/> (2) Hospital	<input type="checkbox"/> (4) Parochial School	<input type="checkbox"/> (6) Labor Union	<input type="checkbox"/> (8) Veteran's Group	<input type="checkbox"/> (1) Religious	<input type="checkbox"/> (3) Scientific	<input type="checkbox"/> (5) Educational	<input type="checkbox"/> (7) VEBA	<input type="checkbox"/> (2) Charitable	<input type="checkbox"/> (4) Literary	<input type="checkbox"/> (6) Civic	<input type="checkbox"/> (8) Student Co-operative Housing	<input type="checkbox"/> (1) Fraternal (including fraternal beneficiary societies)	<input checked="" type="checkbox"/> (2) Departmental Use Only		<input type="checkbox"/> (3) Business League		<input type="checkbox"/> (4) Business Association
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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