MAINE REVENUE SERVICES
SALES, FUEL & SPECIAL TAX DIVISION
EXEMPTION APPLICATION

INCORPORATED NONPROFIT HOSPICE ORGANIZATION

Name of Corporation _____
Name of Hospice Organization_____
Physical Location _____
Mailing Address _____
_____

The statute reads, "Incorporated nonprofit hospice organizations. Sales to incorporated nonprofit hospice organizations which provide a program or care for the physical and emotional needs of terminally ill patients. PL 1985, c. 788, §1 (new)."

Is the hospice organization incorporated? **Yes ___ No ___**

Has the hospice organization received 501(c) nonprofit status from the IRS? **Yes ___ No ___**

IN **ORDER TO PROCESS THE APPLICATION THE FOLLOWING *MUST* BE INCLUDED**

1. Copy of the Articles of Incorporation, as well as a copy of the Constitution and/or By-law
2. Copy of the IRS determination letter indicating 501(c) nonprofit status

Note: All information contained on this application is subject to **VERIFICATION** by Maine Revenue Services. Maine Revenue Services may request additional information or documentation necessary to determine eligibility.

I hereby certify that _____ is an incorporated nonprofit hospice organization. I therefore request that a sales/use tax exemption certificate be issued to the above organization pursuant to Title 36 MRSA 1760 (55).

Date:_____ Signature: _____

Tel: _____ Print Name: _____

Fed. ID: _____ Title:_____

Fed ID:_____ Date Facility Opened:_____

STR-28 (Rev 10/05)

Phone: (207) 624-9693 TDD: (888) 577-6690 Fax: (207) 287-6628
E-mail: salestax@maine.gov