



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

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## INCORPORATED NONPROFIT HOSPICE ORGANIZATION

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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: \_\_\_\_\_

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