



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

INCORPORATED NONPROFIT AREA AGENCIES ON AGING

Name of Corporation _____

Name of Area Agencies on Aging _____

Mailing Address _____

The statute reads, Certain meals, Sales of meals: C. By hospitals, schools, long-term care facilities, food contractors and restaurants to incorporated nonprofit area agencies on aging for the purpose of providing meals to the elderly; and PL 1991c c, 846, §19 (amd)."

Is the area agency on aging incorporated? Yes ___ No ___

Has the area agency on aging 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 under the pains and penalties of perjury, that _____ is an incorporated nonprofit **Area Agency on Aging**. I therefore request that a sales/use tax exemption certificate be issued to the above organization pursuant to Title 36 MRSA 1760 (6c).

Date: _____

Signature: _____

Tel: _____

Print Name: _____

Fed ID: _____

Title: _____

Date Facility Opened: _____

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Phone: (207) 624-9693

TDD: (888) 577-6690
E-mail: salestax@maine.gov

Fax: (207) 287-6628