



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

**INCORPORATED NONPROFIT ORGANIZATION OR THEIR AFFILIATES WHOSE
PURPOSE IS TO PROVIDE FREE CLINICAL ASSISTANCE TO CHILDREN WITH
DYSLEXIA**

Name of Corporation _____
Name of Organization _____
Physical Location _____
Mailing Address _____

The statute reads, "Incorporated nonprofit organization or their affiliates whose purpose is to provide free clinical assistance to children with dyslexia."

Is the organization incorporated? Yes ___ No ___
Has the 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
3. Please forward any publications issued by your organization which would provide details regarding purpose, mission and/or services offered, if applicable.

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 organization. I therefore request that a sales/use tax exemption certificate be issued to the above organization pursuant to Title 36 MRSA 1760 (16).

Date: _____ Signature: _____

Tel: _____ Print Name: _____

Fed ID: _____ Title: _____

Date Facility Opened: _____

ST-R-43 (Rev 10/05)