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)

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