

Indiana Department of Revenue  
**Nonprofit Application for  
Sales Tax Exemption**  
NO FEE REQUIRED.

Part I			
Full Name of Organization		<b>This Area for Department Use Only</b>	
Street Address		Type	
City, State, ZIP Code		County	
		Indiana Taxpayer Identification Number	Federal Employer Identification Number
Date Incorporated or Formed:	Enter the Month Your Accounting Period Ends:		

What is the predominant purpose of your organization?

Part II																					
1. Indicate type of qualifying organization named in I.C. 6-2.5-5-21 ( <b>Check only one box in A, B, or C.</b> )																					
<p>A. Organized specifically as a:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> (1) Church</td> <td><input type="checkbox"/> (3) Monastery/Convent</td> <td><input type="checkbox"/> (5) Labor Union</td> <td><input type="checkbox"/> (7) Veteran's Group</td> </tr> <tr> <td><input type="checkbox"/> (2) Hospital</td> <td><input type="checkbox"/> (4) Parochial School</td> <td><input type="checkbox"/> (6) Pension Trust</td> <td></td> </tr> </table> <p>B. Organized and operated for one of the following reasons:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> (1) Religious</td> <td><input type="checkbox"/> (3) Scientific</td> <td><input type="checkbox"/> (5) Educational</td> <td><input type="checkbox"/> (7) Student Co-operative Housing</td> </tr> <tr> <td><input type="checkbox"/> (2) Charitable</td> <td><input type="checkbox"/> (4) Literary</td> <td><input type="checkbox"/> (6) Civic</td> <td></td> </tr> </table> <p>C. Organized and operated as one of the following entities:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> (1) Fraternal (including fraternal beneficiary societies)</td> <td><input type="checkbox"/> (2) Business League</td> </tr> <tr> <td></td> <td><input type="checkbox"/> (3) Business Association</td> </tr> </table>		<input type="checkbox"/> (1) Church	<input type="checkbox"/> (3) Monastery/Convent	<input type="checkbox"/> (5) Labor Union	<input type="checkbox"/> (7) Veteran's Group	<input type="checkbox"/> (2) Hospital	<input type="checkbox"/> (4) Parochial School	<input type="checkbox"/> (6) Pension Trust		<input type="checkbox"/> (1) Religious	<input type="checkbox"/> (3) Scientific	<input type="checkbox"/> (5) Educational	<input type="checkbox"/> (7) Student Co-operative Housing	<input type="checkbox"/> (2) Charitable	<input type="checkbox"/> (4) Literary	<input type="checkbox"/> (6) Civic		<input type="checkbox"/> (1) Fraternal (including fraternal beneficiary societies)	<input type="checkbox"/> (2) Business League		<input type="checkbox"/> (3) Business Association
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2. Do you sell or rent tangible personal property or have other receipts that are subject to sales tax? <input type="checkbox"/> No <input type="checkbox"/> Yes																					
3. Is this organization a local affiliate of a national or parent organization? <input type="checkbox"/> No <input type="checkbox"/> Yes – If so enter name and address of national or parent organization.																					
4. Has this organization previously applied for Indiana exempt status? <input type="checkbox"/> No <input type="checkbox"/> Yes – If so, please indicate previous registration number.																					

**IMPORTANT – Attach the following document.**

Copy of federal determination letter (ruling from the Internal Revenue Service) showing the section of the Internal Revenue Code exemption from federal tax has been granted. To obtain a copy of federal determination letter or to apply for federal exemption, contact the IRS at: 1-877-829-5500

**Mail To:**

Indiana Department of Revenue  
P.O. Box 1261  
Indianapolis, IN 46207-1261  
(317) 232-0129

*I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and I have examined this application, including the accompanying statements, and to the best of my knowledge it is true, correct and complete.*

Name of Person(s) to Contact	Daytime Telephone Number(s)	Email Address
Signature	Title	Date Signed