NP-20T State Form 53090 (8-22)

Indiana Department of Revenue

Nonprofit Application for Temporary Sales Tax Exemption NO FEE REQUIRED.

Part I	Part I					
Full Name of Organization			This Area for Department Use Only			
				Туре		
Street Address						
City, State, ZIP Code		County				
Start date for exemption:	End date for exemptio	on:	Indiana Taxpayer Identification Number	er Federal Employer Identification Numbe		
What is the predominant purpose of your organization		nn?				
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 (Check only one box in A, B, or C).						
A. Organized spo	ecifically as a:					
☐ (1) Church ☐ (3) ☐ (2) Hospital ☐ (4)		onastery/Convent arochial School	(5) Labor Union (6) Pension Trust	(7) Veteran's Group		
B. Organized and operated for one of the following reasons:						
☐ (1) Re☐ (2) Ch	eligious (3) Sonaritable (4) Li	cientific iterary	(5) Educational (6) Civic	(7) Student Co-operative	Housing	
C. Organized and operated as one of the following entities:						
(1) Fraternal (including fraternal			(2) Business League (3) Business Association			
2. Do you sell or rent tangible personal property or have other receipts that are subject to sales tax? No Yes						
3. Is this organization a local affiliate of a national or parent organization? No Ses – If so enter name and address of national or parent organization.						
4. Has this organization previously applied for Indiana exempt status? No 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 Tele	ephone Number(s)	Email Address		
Signature		Title		Date Signed		