



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

() FOR AN INCORPORATED NONPROFIT RESIDENTIAL CARE FACILITY
OR
() AN INCORPORATED NONPROFIT ASSISTED HOUSING PROGRAM FOR
THE ELDERLY

Name of Corporation _____

Name of Residential Care Facility _____

Physical Location _____

Mailing Address _____

The statute reads, "Incorporated nonprofit residential care facilities and incorporated nonprofit assisted housing programs for the elderly licensed by the Maine Department of Health and Human Services,"

Is the residential care facility incorporated? Yes ___ No ___

Has the residential care facility 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. Copy of license issued by the Maine Department of Health and Human Services

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 residential care facility. 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-10 (Rev 10/05)

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