



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

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## INCORPORATED NONPROFIT HOME HEALTH CARE AGENCY

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Name of Corporation \_\_\_\_\_  
Name of Home Health Care Agency \_\_\_\_\_  
*Physical Location* \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_

***The statute reads, "Incorporated nonprofit home health care agencies certified under the United States Social Security Act of 1965, Title XVIII, as amended."***

Is the home health care agency incorporated? Yes \_\_\_ No \_\_\_

Has the home health care agency 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. Copies of any licenses in reference to this agency.

**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 under the pains and penalties of perjury, that \_\_\_\_\_  
is an incorporated nonprofit home health care agency. 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-32 (Rev 10/05)