



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

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## INCORPORATED NONPROFIT RURAL COMMUNITY HEALTH CENTER ENGAGED IN, OR PROVIDING FACILITIES FOR THE DELIVERY OF COMPREHENSIVE PRIMARY HEALTH CARE

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Name of Corporation \_\_\_\_\_  
Name of Health Center \_\_\_\_\_  
*Physical Location* \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_

***The statute reads, "Sales to incorporated nonprofit home health care agencies certified under the United States Social Security Act of 1965, Title XVIII, as amended, incorporated nonprofit rural community health centers engaged in, or providing facilities for, the delivery of comprehensive primary health care."***

*Is the rural community health center incorporated? Yes \_\_\_ No \_\_\_*

*Has the rural community health center 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

**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 rural community health center. 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-35 (Rev 10/05)