



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

CERTAIN VETERANS' SERVICE ORGANIZATIONS

Name of Corporation _____
Name of Organization _____
Physical Location _____
Mailing Address _____

The statute reads, "Certain veterans' service organizations. Sales to an organization that provides services to veterans and their families that is chartered under 36 United States Code, Subtitle II, Part B, including posts or local offices of that organization, and that is recognized as a veterans' service organization by the United States Department of Veterans Affairs." PL. 2016, c. 465, §C-1.

Has the organization received 501(c) nonprofit status from the IRS? Yes ___ No ___
Does the organization provide services to veterans and their families? Yes ___ No ___
Is the organization chartered under 36 United States Code, Subtitle II, Part B? Yes ___ No ___
Is the organization recognized as a veterans' service organization by the United States Department of Veterans Affairs? 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-laws.
2. Copy of the IRS determination letter indicating 501(c) nonprofit status.
3. Please forward any publications issued by your organization which would provide details regarding purpose, mission and/or services offered, if applicable.

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 organization that provides services to veterans and their families that is chartered under 36 United States Code, Subtitle II, Part B, and that is recognized as a veterans' service organization by the United States Department of Veterans Affairs. I therefore request that a sales/use tax exemption certificate be issued to the above organization pursuant to Title 36 MRSA §1760 (100).

Date: _____ Signature: _____
Tel: _____ Printed Name: _____
Fed ID: _____ Title: _____
Date Facility Opened: _____

Mailing address: Maine Revenue Service, P.O. Box 1060, Augusta, ME 04332-1060

APP-157 (Rev 08/2016)