



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

INCORPORATED NONPROFIT NURSING HOME

Name of Corporation _____
Name of Nursing Home _____
Physical Location _____
Mailing Address _____

The statute reads, “Sales to incorporated nonprofit nursing homes licensed by the Department of Health and Human Services.” PL 2005, c. 622, §§6 and 10 (NEW).

Is the nursing home incorporated? Yes ___ No ___

Is the nursing home licensed by the Maine Department of Health and Human Services?
Yes ___ No ___

Has the nursing home 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-laws;
2. Copy of the nursing home license issued by the Maine Department of Health and Human Services;
3. 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 under the pains and penalties of perjury that _____
is an incorporated nonprofit nursing home licensed by the Maine Department of Health and Human Services. I therefore request that a sales, use and service provider tax exemption certificate be issued to the above organization pursuant to 36 M.R.S. §§ 1760(16)(B) and 2557(3)(B).

Date: _____

Signature: _____

Tel: _____

Printed Name: _____

Fed ID: _____

Title: _____

Email: _____

Date Facility Opened: _____

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

APP-131 (Rev 03/2020)

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