Form NP-1 Sales and Use Tax Exemption Application for Nonprofit Organizations

Completed form can be mailed or faxed to:

• Please read instructions carefully before completing this form. For assistance call (804) 371-4023

Virginia Department of Taxation

			Post Offic	t Exemption ce Box 27125 aber: (804) 78	Richmond, VA 232	61-7125
		ason for Submitting Form e appropriate box that applies to	your request. See page	1of the instru	ctions.	
		New Exemption Application				
Sec 1.		nsiness Information name of the organization:				
2.	Enter orga	nization's Federal Employer Ide	ntification Number (FE	IN):		
3.	Enter phys	sical address of the organization.	See page 1 of the inst	tructions.		
	Street					
	City		State	ZIP	Code	
5.	Enter name	and mailing address of a contac				
	Name		Telephone I	Number		
	Title					
	Street					
	City	State	ZIP Code			
	Fax Numb	er	Email addre	ess		
6.	Select the instruction	box that best describes the prima ns.	ry purpose of the organ	ization (choos	e only one). See page	e 1 of the
		Civic and Community Service	e Organization		Educational Organizations	
		Church			Medical Organizations	
		Cultural Organizations				

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Sec 7.	If the org	Nonprofit Church anization is a church and is applying for a retail sales and use tax exemption, select only one w. See page 2 of the instructions.
		Option 1 - Form ST-13A: Stop here. You have completed the process for applying for the ST-13A self-issued exemption certificate. The organization will not be assigned a tax-exempt number. If applying online, you may download your ST-13A Exemption Certificate now. If completing a paper application, please mail to the department for processing. Your exemption certificate will be mailed to the physical address provided once approved by the department.
		Option 2 - Tax-Exempt Number: Proceed to Section V: Financial Information. You must provide a year-end financial statement if applying for Option 2.
Sec	ction IV: I	Exemption Type
8.	Select the sales and	box if you are exempt from collecting the sales tax on sales made by the organization, exempt from paying use tax on taxable services or you are a Veterans Service organization. See pages 2-4 of the instructions aking a selection.
Or	ganization	Classifications – Make only one selection from the list below.
	□ Cance	r Organizations
	□ Cardio	ovascular Organizations
		tes Organizations
	□ Exem	pt Taxable Services
		Bank Organizations
		aising activities for elementary or secondary schools, parent teacher associations or other groups iated with a nonprofit elementary or secondary school
	□ Lung (Organizations
	□ Nonco	ommercial Educational Telecommunications Entity
	□ Nonse	ctarian Youth Organizations (e.g. Boys and Girls Scouts)
	□ Nutrit	ion Programs
	☐ Physic	eal Education Programs
	□ Provid	le Food Packages at Reduced Prices
		es for the blind, deaf, hearing impaired, drug abuse programs, and musically talented children of nia (Lions Clubs)
	□ Suppo	orts Public Libraries
	□ Traini	ng and Education in Law Enforcement
	□ Vetera	ans Service Organizations
	□ Virgin	ia Federation of Humane Societies
	□ Volun	teer Fire Department and Rescue Squads
	□ Volunt	teer Medical Service Organizations
	□ Youth	Symphony Orchestras
	□ Other	
Sec	ction V: F	inancial Information
€.	Enter the tadministrate this time, en	otal dollar amount of the organization's annual gross revenue (AGR), fundraising expenses, and ive expenses for the previous year. If you are a new organization and have no financial information at inter zero(s) in the applicable fields. If the annual gross revenue is less than \$5,000, you must attach a congruing tion's mission statement or statement of purpose. See page 4.5 of the instructions

	copy of the organization's mission statement or statement of purpose. See page 4-5 of the instructions.
	this time, enter zero(s) in the applicable fields. If the annual gross revenue is less than \$5,000, you must attach a
	administrative expenses for the previous year. If you are a new organization and have no financial information at
9.	Enter the total dollar amount of the organization's annual gross revenue (AGR), fundraising expenses, and

a)	Enter organization's total annual gross revenue for the previous year. \$
b)	Enter organization's total fundraising expenses incurred for the previous year. \$

c) Enter organization's total administrative expenses for the previous year. \$_____

10. I	ion VI: Total Purchases Made in Virginia Does the organization intend to make purchases in Vir Please select one:	rginia? <i>See page 5 o</i>	of the in	structions.	
	☐ YES a) If yes, enter an estimate of the dollar amount of				
	made or to be made in the current year in the bo "zero." If your organization has no plans to make and proceed to 10(b). Do not include the sales tax	purchases in Virgin	nia, ente	r "zero" in all the boxes belo	
Vir	ginia Regions	Total Purchases In 2017	Made	Total Purchases Made In 2018	
Arling Falls	hern Virginia Region: Alexandra City, gton County, Fairfax City, Fairfax County, Church City, Loudon County, Manassas City, assas Park City, Prince William County				
Hamp Newp City,	pton Roads Region: Chesapeake City, Franklin City, boton City, Isle of Wight County, James City County, bort News City, Norfolk City, Poquoson City, Portsmouth Southampton County, Suffolk City, Virginia Beach City, amsburg City, York County				
Elsev	where throughout Virginia				
b)	NOTE: Failure to provide this information may real of the second of the			-)
	Are you required to file a federal Form 990, 990-EZ, the instructions.	990-PF, or 990-N w □ NO	rith the I	RS? See page 5 of	
a)	If yes, enter the due date of the most recent filed retained you have not filed your federal form, enter the of the federal form file by the organization.	urn (MM/DD/YY)	. You n	. If you are newly organized hay be asked to provide a cop	i y
b)	If no, please provide the names, addresses and telep and submit a copy of the organization's prior yearer			ers of the Board of Directors	
1.	NAME:	TITLE:			
	ADDRESS:	STATE:	ZIP CO	DDE:	
	PHONE NUMBER: () EMAIL ADDRESS:	FAX NUMBER:	: ()	
2.	NAME:				
	ADDRESS:	STATE:	ZIP CO	DDE:	
	PHONE NUMBER: () EMAIL ADDRESS:	FAX NUMBER:	: ()	

Will the organization solicit contributions or donations in Virginia? See page 5 of the instructions.

 \square YES \square NO

- a) If yes, you must provide proof of registration from the Virginia Department of Agriculture and Consumer Services. If you have any questions, call (804) 786-1343.
- b) If no, there is no additional information is required.

Section VII: Signature

I declare that this organization's financial information is true, accurate, and complete.

Anne 3. Crom	Date
Authorized Representative	

MAILING INFORMATION: Send completed form with attachments or change of address to:

Virginia Department of Taxation Office of Customer Services Nonprofit Exemption Unit Post Office Box 27125 Richmond, Virginia 23261-7125 Telephone Number (804) 371-4023 Fax: (804) 786-2645

OR

Virginia Department of Taxation Office of Customer Services Nonprofit Exemption Unit 600 East Main Street Richmond, Virginia 23219 Telephone Number (804) 371-4023

Fax: (804) 786-2645

CHECKLIST OF REQUIREMENTS

Please make sure <u>all questions</u> are answered and that the following documents are included with the application, if required:

- \checkmark 501(c)(3), 501(c)(4) or 501(c)(19) IRS Determination Letter
- ✓ Mission Statement or Statement of Purpose for organizations with Annual Gross Revenue (AGR) less than \$5,000
- ✓ Proof of registration for Virginia Solicitation of Contributions Law
- ✓ Federal Form 990, 990EZ, 990PF, 990N e-Postcard, or substitute form
- ✓ Financial Review prepared by an independent Certified Public Accountant if AGR is greater than \$750,000
- ✓ Yearend Financial Statement for nonprofit churches with AGR less than \$750,000
- **✓** Total Taxable Purchases Made in Virginia (estimates are acceptable)
- ✓ Authorized Representative's Signature

NOTE: Incomplete applications will not be processed