



City and Borough of Juneau, Alaska
Finance Department, Sales Tax Office
155 South Seward Street
Juneau, AK 99801
Ph (907) 586-5265 Fax (907) 586-0365

Application for Nonprofit Sales Tax Exemption Certificate

1) ORGANIZATION NAME

(Legal name as provided on Articles of Incorporation, or if unincorporated, the governing document)

2) ORGANIZATION MAILING ADDRESS

Street Address or P.O. Box number

My organization maintains a physical presence in the City/Borough of Juneau

_____ YES _____ NO

City State/Province Zip Code Country if outside U.S.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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3) CONTACT INFORMATION OF REPRESENTATIVE SUBMITTING THIS APPLICATION

Name <input type="text"/>	Title <input type="text"/>
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Email Address <input type="text"/>	Daytime Phone and Extension <input type="text"/>
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4) READ AND INITIAL

_____ I hereby apply* for a Sales Tax exemption Certificate under Provision 12 of the Sales Tax Ordinance CBJ 69.05.040.

_____ I certify the attached evidence of our Internal Revenue Service classification of 501 (c) (3) or 501 (c) (4) is in good standing

_____ I am aware that all nonprofit organizations that maintain a physical presence within the City and Borough of Juneau must register with the Sales Tax Office and report their sales.

_____ I am aware this certificate exempts the organization's purchases and those sales that are not subject to federal income tax.

5) _____
Signature _____ **Date** _____

* Applications MUST be accompanied by the following required attachments:

- 1) A copy of the letter from the Internal Revenue Service announcing your classification status as a 501 (c) (3) or a 501 (c) (4), and
- 2) Payment of the \$20.00 application fee, and
- 3) A completed CBJ Business Registration Form - This only applies to nonprofit organizations that maintain a physical presence within the City and Borough of Juneau that have not previously registered with the Sales Tax Office.

Applications received without the required documents or payment will not be processed.

FOR OFFICE USE ONLY

Certificate Number _____ Date _____

Fee Paid \$ _____ Cash _____ Check # _____

Clinton Singletary Sales Tax Account No. _____
Sales Tax Administrator