ALABAMA DEPARTMENT OF REVENUE
SALES AND USE TAX DIVISION
Application for Sales Tax Certificate of Exemption
for Statutorily Exempt Entities

An Alabama Sales Tax Certificate of Exemption shall be used by persons, firms, or corporations coming under the provisions of the Alabama Sales Tax Act **who are not required to have a Sales Tax License.**

PLEASE COMPLETE EACH LINE APPLICABLE TO YOUR ENTITY. A SALES TAX CERTIFICATE OF EXEMPTION WILL NOT BE ISSUED UNTIL THIS APPLICATION IS PROPERLY COMPLETED.

1. Federal Employer Identification Number (FEIN) _____ **2.** Business Telephone (_____)_____

3. _____
NAME OF PERSON(S), FIRM, CORPORATION, ASSOCIATION, CO-PARTNERSHIP MAKING APPLICATION.

_____ **4.** Contact Person _____
GIVE TRADE NAME

5. Mailing address of home office _____
P.O. BOX OR STREET NO. OR R.F.D.

_____
CITY   COUNTY   STATE   ZIP CODE

6. Location _____
CITY   STREET AND NO. OF HWY.   COUNTY   ZIP CODE

Location must be exact street number or, if on highway or rural route, give details of location. If more than one location, please

attach schedule. _____ **7.** Number of businesses in Alabama _____

8. Would you like to receive a courtesy email notification to renew your certificate?

☐ No   ☐ Yes   If yes, you must provide email address: _____

9. The Business is: ☐ For Profit   ☐ Non-Profit

10. REASON EXEMPTION CLAIMED _____
(PRIVATE SCHOOL, UNITED WAY, ETC.) (PROVIDE CODE SECTION OR ACT NUMBER IF KNOWN)

11. Please attach a list of Board Members and a copy of the articles of incorporation. (CEO, CFO, or Executive Director may sign.)

NOTE
As a prerequisite to renewal of a certificate, the quadrennial report must be filed as required by law.

Signed _____   Signed _____

Title _____ Date _____   Title _____ Date _____

MAIL OR EMAIL APPLICATION TO:

Attn.: Exemption Unit   STExemptionUnit@revenue.alabama.gov
Alabama Department of Revenue
Sales and Use Tax Division
P.O. Box 327710
Montgomery, AL 36132-7710

REVENUE DEPARTMENT USE ONLY

Examiner's Remarks _____

_____

_____

Examiner _____ Date _____

Supervisor's Recommendation _____

_____

Supervisor _____ Date _____