

Virginia Department of Taxation Sales and Use Tax Exemption Application for Nonprofit Organizations

- Please read instructions carefully before completing this form. For assistance call (804) 371-4023
- For Faster Service register online @ www.tax.virginia.gov/npo
- Please allow 30 days for processing

☐ Educational Organization

Completed form can be faxed to (804) 786-2645 or mailed to:

 Virginia law provides a retail sales and use tax exemption to organizations exempt under Internal Revenue Code 501(c)(3), (c)(4), or (c)(19)

Virginia Department of Taxation

	Nonprofit Exemption Unit Post Office Box 715 Richmond, VA 23218-0715				
Section I: Reason for Submitting Form Please select the appropriate box that applies to your reque	est. See instructions.				
☐ New Exemption Application ☐	Renewal Application				
Section II: Business Information					
Legal Name of Organization		Federal er number (F		identification	
Physical address (number and street)	City		State	ZIP code	
Address where financial records are available for public inspection (If different from physical address)	City		State	ZIP code	
Contact Person's Name		Contact Po	erson's	Title	
Mailing address	City		State	ZIP code	
Email address of person to be contacted		Contact Po	erson's	Telephone	
Organization's Website		Contact Pe	erson's	Fax Number	
Select the box that best describes the primary purpose of t	he organization (choose on	ly one)			
See instructions.					
□ Civic and Community Service □ Church	□ Cultural	Organization	1		

☐ Medical Organization

Section III: Nonprofit Church

If the organization is a church and is applying for a retail sales and use tax exemption, select only one option below. **See** *instructions*.

Option 1- Form ST-13A: **Stop here.** Please visit <u>www.tax.virginia.gov</u> to download the ST-13A self-issued exemption certificate. The organization will not be assigned a tax-exempt number.

Option 2- Tax Exempt Number: Proceed to Section V: Financial Information. You must provide a year-end financial statement if applying for Option 2.

Section IV: Exemption Type

Select the box if you are exempt from collecting the sales tax on sales made by the organization, exempt from paying sales and use tax on taxable services or you are a Veterans Service organization. **See instructions before making a selection.**

Organiz	zation Classifications – Make only one selection from the list below.
	Cancer Organizations
	Cardiovascular Organizations
	Diabetes Organizations
	Exempt Taxable Services
	Food Bank Organizations
	Fundraising activities for elementary or secondary schools, parent teacher associations or other groups associated with a nonprofit elementary or secondary school
	Lung Organizations
	Noncommercial Educational Telecommunications Entity
	Nonsectarian Youth Organizations (e.g. Boys and Girls Scouts)
	Nutrition Programs
	Physical Education Programs
	Provide Food Packages at Reduced Prices
	Services for the blind, deaf, hearing impaired, drug abuse programs, or musically talented children of Virginia
	(Lions Clubs)
	Supports Public Libraries
	Training and Education in Law Enforcement
	Veterans Service Organizations
	Virginia Federation of Humane Societies
	Volunteer Fire Department and Rescue Squads
	Volunteer Medical Service Organizations
	Youth Symphony Orchestras
	Other – If your organization does not meet any of the above choose this option

Section V: Financial Information

b) Enter organization's total fur		a) Enter organization's total annual gross revenue for the previous year. \$					
o) Emer organization o total fai	ndraising expenses incui	red for the previous year. \$	5				
c) Enter organization's total adr	ministrative expenses fo	the previous year. \$					
n VI: Total Purchases Made in	Virginia						
ne organization intend to make p select one:	urchases in Virginia? S o	ee instructions.					
\Box YES		NO					
Virginia Regions			Total Purchases Made				
Virginia Regions Northern Virginia Region: Alexan Arlington County, Fairfax City, Fair Falls Church City, Loudon County,	fax County,	Total Purchases Made In 2024	Total Purchases Made In 2025				
Northern Virginia Region: Alexan Arlington County, Fairfax City, Fair Falls Church City, Loudon County, Manassas Park City, Prince Willian	fax County, Manassas City, n County						
Northern Virginia Region: Alexan Arlington County, Fairfax City, Fair Falls Church City, Loudon County,	fax County, Manassas City, n County eake City, Franklin City, y, James City County, oquoson City, Portsmouth	In 2024					
Northern Virginia Region: Alexan Arlington County, Fairfax City, Fair Falls Church City, Loudon County, Manassas Park City, Prince Willian Hampton Roads Region: Chesap Hampton City, Isle of Wight County Newport News City, Norfolk City, P City, Southampton County, Suffolk	fax County, Manassas City, n County eake City, Franklin City, y, James City County, oquoson City, Portsmouth	In 2024					
Northern Virginia Region: Alexan Arlington County, Fairfax City, Fair Falls Church City, Loudon County, Manassas Park City, Prince Willian Hampton Roads Region: Chesap Hampton City, Isle of Wight County Newport News City, Norfolk City, P City, Southampton County, Suffolk Williamsburg City, York County	fax County, Manassas City, n County eake City, Franklin City, y, James City County, oquoson City, Portsmouth	In 2024					

Section VII: Filing Requirement

Are you requ	ired to file a federal Form 990, 990-EZ, 9	90-PF, or 990-N with the IRS? See instructions.
	□ YES	\square NO
CC	yes, enter the due date of the most rece omplete copy of the current federal form f ot filed your federal form, enter the date t	nt filed return (MM/DD/YYYY) Provide a iled by the organization. If you are newly organized and you have ne form is due.
	no, submit a copy of the organization's pend telephone numbers of two members of	rior year-end financial statement and provide the names, addresses the Board of Directors.
1. N	NAME:	TITLE:
A	ADDRESS:	
(CITY:	STATE: ZIP:
Р	HONE NUMBER:E	EMAIL ADDRESS:
2.	NAME:	TITLE:
A	ADDRESS:	
(CITY:	STATE: ZIP:
Р	HONE NUMBER:E	EMAIL ADDRESS:
Section VIII:	Solicitation Laws	
Will the organ	nization solicit contributions or donations	n Virginia? See instructions.
	□ YES	\square NO
	ou must provide proof of registration fromes. If you have any questions, call (804)	the Virginia Department of Agriculture and Consumer 786-1343.
b) If no, the	ere is no additional information is require	d.

Section IV: Signature		
Certification: I declare that this organization's financial inform	nation is true, accurate, and complete.	
Authorized Representative	Date	_

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

- ✓ 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 less than \$5,000
- ✓ New organizations must submit a signed budget with the anticipated revenues and expenses for the current year
- ✓ Proof of registration for Virginia Solicitation of Contributions Law
- ✓ Complete copy of Federal Form 990, 990EZ, 990PF, or 990-N e-Postcard
- ✓ Organizations that file the 990-N e-Postcard must provide an income and expense statement for the most recently completed year, signed by an officer of the organization certifying that the submitted information is valid.
- ✓ Financial Review prepared by an independent Certified Public Accountant if AGR is greater than \$750,000
- ✓ Financial Audit prepared by an independent Certified Public Accountant if AGR is greater than \$1.5 million
- √ Yearend Financial Statement for nonprofit churches with AGR at least \$750,000
- ✓ Total Taxable Purchases Made in Virginia (estimates are acceptable)
- ✓ Authorized Representative's Signature

NOTE: Please allow 30 days for processing Incomplete applications will not be processed

CHECKLIST OF REQUIREMENTS

(01/2025)