



Sales Tax Exempt Application for Non-Profit Organizations

P.O. Box 360 Hoonah, AK 99829 (907) 945-3663 Fax (907) 945-3445

I, _____ / _____
Name Title

Representing _____, a non-profit organization.

Physical Address: _____ Hoonah, AK 99829

Mailing Address: _____ Hoonah, AK 99829

Email Address: _____ Phone Number: _____

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AFFIDAVIT

STATE OF ALASKA)
FIRST JUDICIAL DISTRICT)

We are A Non-Profit Organization. We will use our sales tax exemption card to obtain sales tax exemption of sales, services and rentals, used or consumed only for our Non-profit Organization. (HMC 4.04.110 (P)).

We are aware that if our exemption card is used for purchases that are not for the sole benefit of our Non-Profit Organization, the card will be revoked.

We will give the duly authorized agents or employees of the City of Hoonah access to our records to verify the said sales tax exemption card is used only for the use by our Non-profit Organization.

I certify the attached evidence * of our Internal Revenue Services Classification 501 (C) (3) is in good standing.

Signature of Applicant

Subscribed and Sworn this _____ day of _____, 20____.

Notary Public for Alaska
My commission expires: _____

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• Acceptance evidence must be presented by your organization's 501 (c)(3) IRS classifications status. A written statement by your organization is insufficient. A copy of the letter from IRS announcing your IRS classification status would be acceptable.
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For Office Use Only: IRS 501 attached _____ Issued by: _____ Date: _____ card # _____