

NEW JERSEY DIVISION OF TAXATION
APPLICATION FOR ST-5 EXEMPT ORGANIZATION CERTIFICATE

- FOR NONPROFIT EXEMPTION FROM SALES TAX -

MAIL TO: NJ Division of Taxation
Regulatory Services Branch
PO Box 269
Trenton, NJ 08695-0269
Fax: (609) 989-0113

Read Instructions Before Completing This Form

OFFICIAL USE ONLY
DLN [] [] [] [] [] [] [] []
Determination _____
Effective Date _____

INSTRUCTIONS

ATTACH: (1) articles of organization & (2) copy of an IRS determination letter. (See details below.)

This form is for 501(c)(3) (exclusively religious, charitable, educational or scientific) or veterans, emergency or PTA/PTO organizations. Seniors, social, fraternal or recreational clubs, or unions, or civic, business or tenants' associations do not qualify for sales tax exemption and should not complete this form.

For further information (including for churches), see Questions & Answers on next page.

DON'T use this form to incorporate; further information is at: www.state.nj.us/treasury/taxation/nonprofitinfo.shtml.

SIGN at bottom! Mail this and your documents to: Reg. Services Branch, NJ Division of Taxation, PO Box 269, Trenton, NJ 08695; or FAX everything to (609)989-0113. Allow at least 3 weeks for processing.

Click in a shaded area to type your answers OR neatly print your answers.

A. Organization Name _____

B. FEIN # [] [] - [] [] [] [] [] [] [] []
(Federal Identification Number, if any)

C. Registered Corporate Alternate Name (if any) _____

E. Provide name and address that ensures delivery of ST-5 to you:
Name: C/O _____

D. Physical Location: (An officer's address may be used)

Entity Name: _____
Street _____
City _____ State _____ Zip Code _____

Street _____
City _____ State _____ Zip Code _____

F. County / Municipality/ (or Out-of-State) Code [] [] [] [] (Find codes on pages 3 & 4 OR LEAVE BLANK)

G. Will you collect New Jersey Sales Tax? . . . [] Yes [] No If yes, give date of first sale _____ / _____ / _____
(Collection not required if you have ST-5 exempt organization certificate and only occasional sales) Month Day Year

H. Will you soon begin paying wages or salaries to employees working in NJ or to NJ residents?
(If you already withhold NJ income tax, answer "No".) [] Yes [] No
If yes, give date of first wage or salary payment _____ / _____ / _____ and give date that gross payroll will exceed \$1,000 _____ / _____ / _____
Month Day Year Month Day Year

I. IF A CORPORATION, give State of Incorporation _____, & date _____ / _____ / _____ & ATTACH a copy of the Incorp Cert./Art.

J. Does the nonprofit have an IRS 501(c)(3) letter? [] Yes [] No If "Yes", ATTACH A COPY OF IRS LETTER.

K. Contact Person _____ Email Address: _____ Daytime Phone: (____) _____

L. Provide the following information for 2 responsible officers.

Table with 3 columns: NAME (Last Name, First, MI), TITLE, HOME ADDRESS (Street, City, State, Zip). Two rows for officer information.

MAKE SURE YOU ATTACH a copy of the organization's:

- 1) Articles of Organization (Articles or Certificate of Incorporation, Constitution, Charter or Trust Agreement) and Bylaws; and
2) IRS Determination Letter stating that the organization is exempt from income tax under §501(c)(3) (for exceptions, see instr. above).
If IRS 501(c)(3) letter is a "group" exemption letter, also submit letter or listing from your central organization indicating that your subunit is included under a group 501(c)(3) exemption.

SIGN HERE I certify that all information given in this application is correct and also that any documents submitted are true copies.
Your Signature _____; Title: _____; Date: ____ / ____ / ____