Nebraska Department of REVENUE		aska Exemj for Sales a			FORM
Do you hold, or have you previously held, a Nebraska Identification Number? YES NO If Yes, give number:		for Sales and Us 2 Federal Employer Identification Number 3 County of Business Location in Nebraska		PLEASE DO NOT WRITE IN THIS S	-
				-	
For Department Use Only					
NAME AN Name Doing Business As (dba)	ID LOCATION ADD	RESS	Name	NAME AND MAILING ADDR	ESS
Legal Name					
Street Address			Street or Other	Mailing Address	
City	State	Zip Code	City	State	Zip Code
5 Type of Ownership					
(1) Sole Proprietorship	(4) Corporatio	on	(7)	Governmental (10)	Cooperative
(2) Partnership		orporation (Another State of Co			Limited Liability Company
(3) Nonprofit Corporation	(6) S Corpora		(9)	Nonprofit Organization	
6 Accounting Basis	7 Accounting Perio		abar 01		
(1) Cash (2) Accrual		dar Year—January 1 to Decem Year—12 Month Basis Ending			
(3) Other		Year—52 or 53 Week Basis El			
8 Identify Owners, Members, Partn			• <u> </u>	e applicant)	
Social Security Number		ess, City, State, Zip Code	is must sign as the	e applicant.)	
		,,,, <u></u> ,			
9 Check type of organization upon				nstructions):	
Note: This application will be re (1) A nonprofit organization		for religious purposes (attache		onprofit Nebraska licensed child-caring age	ency (see instructions)
copies of by-laws and either articles of incorporation or constitution).				onprofit Nebraska licensed child-placing age	
	der the provisions of Chapter 7	9 7		,	
or 85 of the Nebraska Statutes. For 3, 4, 5, 7, and 8, attach a copy of your current license or certification. Attach a separa page with a list of any additional types of health care or other activity provided.				onprofit organization providing services excl s and either articles of incorporation or cons	
				onprofit Nebraska licensed home health a	gency, hospice care, or respi
(3) Health Care Facility. Check sales and use tax exempti		nich you are basing your claim fo	or care	e organization.	
	ka licensed hospital			onprofit Nebraska licensed health clinic	
	ka licensed skilled nurs	ing facility		pitals or the parent corporations of the ho rent license, by-laws, and either articles of ind	
(c) Nonprofit Nebrasł	ka licensed nursing faci	ility		profit Nebraska licensed health clinic which United States Public Health Service for the	
(d) 🗌 Nonprofit Nebrasł	ka licensed assisted liv	ing facility	that	are medically under-served (attach a copy of	of your current license, Notice
(e) Nonprofit Nebrasł	ka licensed intermediat	e care facility		nt Award and Letter issued by the U.S. Publ er articles of incorporation or constitution).	ic Health Service, by-laws, an
	ka licensed intermediat	e care facility for the	_		Interlegal Cooperation Act wit
mentally retarded (g) Nonprofit Nebraska certified community-based developmental disabilities service provider		all r	(9) Organization established under the Nebraska Interlocal Cooperation Act w all members consisting of exempt governmental units (attach a copy of Interlocal Agreement).		
Under penalties	•	have examined this application	n, and to the best	of my knowledge and belief, it is correct and	complete.
sign					
Signature of Owners, N			C	Date Telephone Number E-M	1ail Address
Person Authorized by A		ney R NEBRASKA DEPARTM	ENT OF REVE	NUE USE ONLY	
APPROVED					
<u> </u>					
DISAPPROVED Exemption Code:		Authorized Signature			Date

INSTRUCTIONS

WHO MAY FILE. Any qualified nonprofit organization wishing to make tax-exempt purchases of property or taxable services, to be used by and for the purposes of the exempt facility or activities, or portion of the facility, of the organization.

WHERE TO FILE. This application and copies of all required documents and licenses, must be mailed to the Nebraska Department of Revenue, P.O. Box 98903, Lincoln, Nebraska 68509-8903.

QUALIFIED ORGANIZATIONS. Only the following organizations qualify for a sales and use tax exemption:

- 1. Nonprofit organizations created exclusively for religious purposes (see Sales and Use Tax Regulation 1-091).
- 2. Public or nonprofit private Nebraska educational institutions established under <u>Neb. Rev. Stat. §§ 79-1601</u> to <u>79-1607</u> or <u>85-1103</u> to <u>85-1111</u> (see <u>Sales and Use Tax Regulation 1-092</u>).

IMPORTANT NOTE: Nonprofit organizations operating any of the types of health care facilities listed in 3, 7, and 8 below are **only exempt** on purchases for use at the facility, or portion of the facility, covered by the license that is issued for the exempt type of health care provided.

This exemption **does not** extend to all functions, activities, or purchases for an organization that provides **multiple levels of care**. For these types of organizations, this exemption applies **only** to the purchases for that portion of the facility that provides the type of health care activities listed in 3,7, and 8 below. This exemption is not issued to the entire organization, but is issued for the specific type of licensed nonprofit health care.

Organizations providing multiple levels of care, where a portion of the activities within the facility are exempt and other activities are not exempt, **must** provide a list of the other activities they provide. Organizations providing multiple levels of care must realize that ALL their purchases may not be exempt from Nebraska sales and use tax.

Example: Purchases are made by a nonprofit organization that operates facilities consisting of independent living, licensed assisted living, and licensed skilled nursing care. This nonprofit organization must pay sales and use tax on the purchases related to and used for the independent living portion of the facility. The sales tax exemption is only on those purchases made for the assisted living facility and skilled nursing facility, or that portion of the entire facility that is licensed as an assisted living facility and skilled nursing facility (e.g., a specific wing or number of beds within a designated area of a facility) (see <u>Sales and Use Tax Regulation 1-090</u>).

- 3. The following list identifies the specific types of licensed health care facilities/providers that may apply for this exemption. The license must be from the Nebraska Department of Health and Human Services.
 - a. Nebraska licensed hospitals
 - b. Nebraska licensed skilled nursing facilities
 - c. Nebraska licensed nursing facilities
 - d. Nebraska licensed assisted living facilities
 - e. Nebraska licensed intermediate care facilities
 - f. Nebraska licensed intermediate care facilities for the mentally retarded
 - g. Nebraska organizations certified by the Nebraska Department of Health and Human Services to provide community-based services to persons with developmental disabilities
- 4. A nonprofit Nebraska licensed child-caring agency. This type of agency is one which provides 24-hour daily care, supervision, custody, or control of children in lieu of care or supervision normally exercised by parents in their own home, and is licensed under <u>Neb. Rev. Stat. §§ 71-1901</u> to <u>71-1904</u>.

An organization providing day care, early childhood programs, and periodic care as defined in <u>Neb. Rev. Stat. § 71-1910</u> is not exempt as a child-caring agency. NOTE: Foster care homes cannot qualify for this exemption.

- 5. A nonprofit Nebraska licensed child-placing agency. This type of agency is one which is authorized to place children in foster family homes or to place children for permanent adoption.
- 6. Nonprofit organizations providing services exclusively to the blind (see Sales and Use Tax Regulation 1-090).
- 7. A nonprofit Nebraska licensed home health agency, hospice or hospice service, or respite care service.
- 8. Nonprofit Nebraska licensed health clinics, when owned or controlled by two or more hospitals, or the parent corporations of the hospitals, for the purpose of reducing the cost of health services; or which receive federal funds through the United States Public Health Service for the purpose of serving populations that are medically under-served.

Nonprofit Organization. The fact that an organization is nonprofit does not, by itself, entitle the organization to an exemption from sales and use tax. The nonprofit organization must be one of the specific organizations listed above to qualify for an exemption from sales and use tax. Suborganizations, though operating in support of or under the guidance of an exempt organization, do not necessarily qualify for the exemption. A sales and use tax exemption does not extend to a person or organization purchasing property which will be given or donated to an exempt organization.

9. Interlocal Agreement Entity. A joint entity created by an Interlocal Agreement between two or more exempt governmental agencies may apply for a sales and use tax exemption number. This joint entity is no longer the exempt governmental unit and must separately apply to be exempt on its purchases. A copy of the Interlocal Agreement must be submitted with the Form 4. The joint entity must be established as set out in the Interlocal Cooperation Act.

SALES AND USE TAX EXEMPTION CERTIFICATE. Only the organization that is issued the exemption certificate may make tax-exempt purchases of property or taxable services which will be used by and for the exempt facilities or activities of the organization. The organization must give its supplier a <u>Nebraska Resale or</u> <u>Exempt Sale Certificate, Form 13</u>, when making tax-exempt purchases. When an organization repeatedly makes the same types of purchases, it may give the retailer a blanket exemption certificate.

SPECIFIC INSTRUCTIONS

Answer all questions on the front of this application. Questions not relating to your organization should be answered by writing "N/A" or "not applicable" on the appropriate line(s).

LINE 1. If you currently have or have previously been issued a Nebraska identification number such as a sales tax, withholding, corporate, or partnership, enter that number. Do not enter your social security number.

LINE 2. Enter the federal employer identification number.

LINE 4. Provide a detailed description of the activities or services provided by your organization. If the activities or services are set out in a brochure, pamphlet, or other similar document, please include it.

LINE 8. Enter the social security number, name, and address of the owners. A limited liability company must identify each member. A partnership must identify each partner. A corporation must identify each corporate officer. A sole proprietor must enter his or her social security number, name, and address. If additional space is required, attach a list using the same format.

AUTHORIZED SIGNATURE. This application must be signed by the owner, member, partner, corporate officer, or other person authorized to sign by a <u>power of attorney</u> on file with the Nebraska Department of Revenue.