CITY AND BOROUGH OF JUNEAU
ALASKA'S CAPITAL CITY

**Finance Department - Sales Tax 155**
**Heritage Way, Juneau AK 99801**
**Ph (907) 586-5215 ext. 4901**
**Sales.Tax.Office@juneau.gov**

# Nonprofit Sales Tax Exemption Certificate Application

| **SECTION 1. BUSINESS INFORMATION** | | |
|---|---|---|
| $20 New Application ☐ **OR** $10 Renewal ☐ Exempt # | **Physical presence in Juneau?** **YES** ☐ **NO** ☐ | |
| Organization's Legal Name (as provided on Articles of Incorporation, or if unincorporated, the governing document) | Federal Tax ID: | |
| IRS Classification: 501(c)(3) ☐ 501(c)(4) ☐ 501(c)(19) ☐ | CBJ Sales Tax Account Number: | |
| **SECTION 2. CONTACT INFORMATION** | | |
| Mailing Address: | | |
| City: | State: | Zip: |
| Business Phone: | Business Email: | |
| Physical Address (Street Address) if different: | | |
| City: | State: | Zip: |
| **SECTION 3. ORGANIZATION'S REPRESENTATIVE OR AUTHORIZED AGENT** | | |
| Contact Name: | Title: | |
| Daytime Phone and Extension: | Contact Email: | |

## SECTION 4. Please read and initial the following statements, then sign at the bottom:

____ I hereby apply for a Sales Tax exemption Certificate under Provision 12 of the Sales Tax Ordinance CBJ 69.05.040.

____ I certify our IRS classification of 501(c)(3), 501(c)(4), or 501(c)(19) is in good standing.

____ I am aware that all nonprofit organizations that maintain a physical presence within the City and Borough of Juneau must register with the Sales Tax Office and file sales tax returns, regardless of taxable sales activities or tax due.

____ I am aware this certificate exempts the organization's purchases and those sales that are not subject to federal income tax.

*** Applications MUST be accompanied by the following required attachments:**

1. Copy of IRS Determination Letter specifying your non-profit classification as 501(c)(3), 501(c)(4), or 501(c)(19).
2. A current list of the organization's board of directors.
3. If the organization has a physical presence within the City and Borough of Juneau, you must also complete a Sales Tax Registration Form if you do not already have a CBJ sales tax account.
4. Payment of the application fee: $20 for new applications or $10 for a five year renewal.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

| FOR CBJ INTERNAL USE ONLY | | |
|---|---|---|
| Certificate Number Issued: | Issue Date: | ST ACCT #: |
| This organization is in compliance with: ☐ Sales Tax Office ☐ Treasury AR & Property Tax ☐ CBJ Collections | | Fee Amount Paid: _____ ☐ CASH ☐ Check #: _____ |
| Revenue Officer Approval: | | APPLY PAYMENT TO PAC 215010101-4300-0000 |