

LOUISIANA
 DEPARTMENT of REVENUE

**Application for Sales Tax Exemption
 for Sickle Cell Disease Organizations**

Louisiana R.S. 47:305.53

Mail to:
 Louisiana Department of Revenue
 Revenue Processing Center
 P.O. Box 4998
 Baton Rouge, LA 70821-4998
 (855) 307-3893
PLEASE PRINT OR TYPE

Nonprofit Organization Name		
Home Address		
City	State	ZIP
Mailing Address		
City	State	ZIP
Telephone Number		

The above organization hereby applies for the sales tax exemption allowed by Revised Statute 47:305.53. The exemption covers sales at retail, rentals or leases, use, consumption, distribution, or the storage for use or consumption of tangible personal property, or any taxable service. In applying for the sales tax exemption, the organization certifies the following:

1. The nonprofit organization was established prior to 1975; and
2. The organization conducts a comprehensive program on sickle cell disease that includes free education, free testing, free counseling, and free prescriptions, transportation, and food packages for sickle cell patients.

Qualifying purchases are subject to state sales tax at rates as shown in the box below.

Applicable State Sales Tax Rates		
From	To	Rate
4/1/2016	6/30/2016	5%
7/1/2016	6/30/2018	3%
7/1/2018	3/31/2019	0%

Notice to Dealer: Report this sale under exemption code 5087.

Under penalty of perjury, I declare that I have examined this application for exemption and accompanying documents, and to the best of my knowledge and belief, it is true, correct, and complete.	
Name and title of officer entitled to make purchases or changes on behalf of the organization.	
Name	Title
Officer of the organization completing the application.	
Name	Title
Signature X	Date (mm/dd/yyyy)

FOR OFFICIAL USE		
<input type="checkbox"/> Approved	Signature of Department Representative	Date (mm/dd/yyyy)
<input type="checkbox"/> Disapproved		

Questions about the completion of this application should be sent to Sales.Inquiries@la.gov.