

Virginia Department of Taxation
Form NP-1 Sales and Use Tax Exemption Application for
Nonprofit Organizations

- **Please read instructions carefully before completing this form.** For assistance call (804) 371-4023
- Completed form can be mailed or faxed to: **Virginia Department of Taxation**
Nonprofit Exemption Unit
Post Office Box 27125 Richmond, VA 23261-7125
Fax Number: (804) 786-2645

Section I: Reason for Submitting Form

Please select the appropriate box that applies to your request. *See page 1 of the instructions.*

- New Exemption Application Renewal Application

Section II: Business Information

1. Enter legal name of the organization: _____

2. Enter organization's Federal Employer Identification Number (FEIN): _____

3. Enter physical address of the organization. *See page 1 of the instructions.*
Street _____
City _____ State _____ ZIP Code _____

4. Enter address if different from the physical address, where the financial records of the organization are available for public inspection (certificate will be mailed to the physical address provided). *See page 1 of the instructions.*

5. Enter name and mailing address of a contact person for the organization. *See page 1 of the instructions.*
Name _____ Telephone Number _____

Title _____
Street _____
City _____ State _____ ZIP Code _____

Fax Number _____ Email address _____

6. Select the box that best describes the primary purpose of the organization (choose only one). *See page 1 of the instructions.*
 Civic and Community Service Organization Educational Organizations
 Church Medical Organizations
 Cultural Organizations

Section III: Nonprofit Church

7. If the organization is a church and is applying for a retail sales and use tax exemption, select only one box below. *See page 2 of the instructions.*

- Option 1 - Form ST-13A: Stop here.** Please visit www.tax.virginia.gov to download the ST-13A self-issued exemption certificate. The organization will not be assigned a tax-exempt number.
- Option 2 - Tax-Exempt Number:** Proceed to Section V: Financial Information. **You must provide a year-end financial statement if applying for Option 2.**

Section IV: Exemption Type

8. Select the box if you are exempt from collecting the sales tax on sales made by the organization, exempt from paying sales and use tax on taxable services or you are a Veterans Service organization. *See pages 2-4 of the instructions before making a selection.*

Organization Classifications – Make only one selection from the list below.

- Cancer Organizations
- Cardiovascular Organizations
- Diabetes Organizations
- Exempt Taxable Services
- Food Bank Organizations
- Fundraising activities for elementary or secondary schools, parent teacher associations or other groups associated with a nonprofit elementary or secondary school
- Lung Organizations
- Noncommercial Educational Telecommunications Entity
- Nonsectarian Youth Organizations (e.g. Boys and Girls Scouts)
- Nutrition Programs
- Physical Education Programs
- Provide Food Packages at Reduced Prices
- Services for the blind, deaf, hearing impaired, drug abuse programs, and musically talented children of Virginia (Lions Clubs)
- Supports Public Libraries
- Training and Education in Law Enforcement
- Veterans Service Organizations
- Virginia Federation of Humane Societies
- Volunteer Fire Department and Rescue Squads
- Volunteer Medical Service Organizations
- Youth Symphony Orchestras
- Other

Section V: Financial Information

9. Enter the total dollar amount of the organization’s annual gross revenue (AGR), fundraising expenses, and administrative expenses for the previous year. If you are a new organization and have no financial information at this time, enter zero(s) in the applicable fields. *If the annual gross revenue is less than \$5,000, you must attach a copy of the organization’s mission statement or statement of purpose. See page 4-5 of the instructions.*

- a) Enter organization’s total annual gross revenue for the previous year. \$ _____
- b) Enter organization’s total fundraising expenses incurred for the previous year. \$ _____
- c) Enter organization’s total administrative expenses for the previous year. \$ _____

Section VI: Total Purchases Made in Virginia

10. Does the organization intend to make purchases in Virginia? *See page 5 of the instructions.*

Please select one:

- YES NO

- a) If yes, enter an estimate of the dollar amount of Virginia purchases made in the preceding year and those made or to be made in the current year in the boxes below. If no purchases were made in a region enter “zero.” If your organization has no plans to make purchases in Virginia, enter “zero” in all the boxes below and proceed to 10(b). Do not include the sales tax when calculating your purchase amounts.

Virginia Regions	Total Purchases Made In 2021	Total Purchases Made In 2022
Northern Virginia Region: Alexandria City, Arlington County, Fairfax City, Fairfax County, Falls Church City, Loudon County, Manassas City, Manassas Park City, Prince William County		
Hampton Roads Region: Chesapeake City, Franklin City, Hampton City, Isle of Wight County, James City County, Newport News City, Norfolk City, Poquoson City, Portsmouth City, Southampton County, Suffolk City, Virginia Beach City, Williamsburg City, York County		
Elsewhere throughout Virginia		

NOTE: Failure to provide this information may result in the denial of the exemption request.

- b) If no, please provide a brief explanation why the organization is requesting an exemption but have no plans to make purchases in Virginia.

11. Are you required to file a federal Form 990, 990-EZ, 990-PF, or 990-N with the IRS? *See page 5 of the instructions.*

- YES NO

- a) If yes, enter the due date of the most recent filed return (MM/DD/YY) _____. If you are newly organized and you have not filed your federal form, enter the date the form is due. You may be asked to provide a copy of the federal form file by the organization.
- b) If no, please provide the names, addresses and telephone numbers of two members of the Board of Directors and submit a copy of the organization’s prior yearend financial statement.

1. NAME: _____ TITLE: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 PHONE NUMBER: (____) _____ FAX NUMBER: (____) _____
 EMAIL ADDRESS: _____

2. NAME: _____ TITLE: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 PHONE NUMBER: (____) _____ FAX NUMBER: (____) _____
 EMAIL ADDRESS: _____

Will the organization solicit contributions or donations in Virginia? *See page 5 of the instructions.*

- YES NO

- a) If yes, you must provide proof of registration from the Virginia Department of Agriculture and Consumer Services. If you have any questions, call (804) 786-1343.
- b) If no, there is no additional information is required.

Section VII: Signature

I declare that this organization's financial information is true, accurate, and complete.

_____ Date _____

Authorized Representative

MAILING INFORMATION: Send completed form with attachments or change of address to:

Virginia Department of Taxation
Office of Customer Services
Nonprofit Exemption Unit
Post Office Box 27125
Richmond, Virginia 23261-7125
Telephone Number (804) 371-4023
Fax: (804) 786-2645

OR

Virginia Department of Taxation
Office of Customer Services
Nonprofit Exemption Unit
600 East Main Street
Richmond, Virginia 23219
Telephone Number (804) 371-4023
Fax: (804) 786-2645

CHECKLIST OF REQUIREMENTS

Please make sure all questions are answered and that the following documents are included with the application, if required:

- ✓ 501(c)(3), 501(c)(4) or 501(c)(19) - IRS Determination Letter
- ✓ Mission Statement or Statement of Purpose for organizations with Annual Gross Revenue (AGR) less than \$5,000
- ✓ Proof of registration for Virginia Solicitation of Contributions Law
- ✓ Federal Form 990, 990EZ, 990PF, 990N e-Postcard, or substitute form
- ✓ Financial Review prepared by an independent Certified Public Accountant if AGR is greater than \$750,000
- ✓ Yearend Financial Statement for nonprofit churches with AGR less than \$750,000
- ✓ Total Taxable Purchases Made in Virginia (estimates are acceptable)
- ✓ Authorized Representative's Signature

NOTE: Incomplete applications will not be processed