



**LOUISIANA
DEPARTMENT
of REVENUE**

**Nonprofit Organizations that Provide
Funding and Training to Blind Persons**

Sales Tax Application/Exemption Certificate

Louisiana Revised Statute 47:305.15(B)

**Submit application and questions regarding
status to:**

Louisiana Department of Revenue

Taxpayer Compliance – Sales Division

Email: LDRSales.ExemptionApplications@la.gov

For all other questions, please contact:

Email: Sales.Inquiries@la.gov

This form is for qualifying nonprofit organizations that fund and train individuals who are blind and are applying for an exemption from state and local sales and use taxes per La. R.S. 47:305.15(B). Email completed forms to the Louisiana Department of Revenue for approval at LDRSales.ExemptionApplications@la.gov.

Once approved, the certificate can be duplicated. To renew the exemption, submit a new Form R-1303 within 60 days before the expiration date. For questions about renewal or reissuing, email LDRSales.ExemptionApplications@la.gov.

PLEASE PRINT OR TYPE

Nonprofit Organization Name		Phone Number	
Home Address			
City		State	ZIP
Mailing Address			
City		State	ZIP
Email Address			

The above organization hereby applies for the state and local sales tax exemption allowed by La. R.S. 47:305.15(B) for purchases made by certain nonprofit organizations.

Application Questions

1. Is your organization a nonprofit organization which uses public funds for at least 75% of its operational funding?

Yes No

If YES, please submit documentation of IRS nonprofit status and Louisiana Secretary of State corporation charter.

2. Does the organization primarily operate to provide funding for and training to the blind?

Yes No

Notice to Dealer: Report this sale on Schedule A-1 of your sales tax return under exemption code 5052.

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	Date (mm/dd/yyyy)

FOR OFFICIAL USE ONLY

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Effective Date: _____, 20____	Expiration Date: _____, 20____
Signature of Department Representative	Date (mm/dd/yyyy)	