



Sickle Cell Disease Organization Sales Tax Application/Exemption Certificate

Louisiana Revised Statute 47:305.21

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.Inquires@la.gov or

Phone: (855) 307-3893

This form is intended for qualifying nonprofit organizations conducting comprehensive programs on sickle cell disease. It is used to apply for an exemption from state and local sales and use taxes in accordance with La. R.S. 47:305.21. Completed forms should be submitted via email to the Louisiana Department of Revenue for approval.

PLEASE PRINT OR TYPE

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

The above organization hereby applies for the state and local sales and use tax exemption allowed by La. R.S. 47:305.21. The exemption covers sales at retail, rentals or leases, use, consumption, distribution, or the storage for use or consumption of tangible personal property, digital products, 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.
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.

Notice to Dealer: Report this sale on Schedule A-1 of your sales tax return 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 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)	