



**LOUISIANA**  
DEPARTMENT  
of **REVENUE**

**Purchases by Nonprofit Organizations that  
Train or Employ Persons with Disabilities**

Sales Tax Application/Exemption Certificate

*Louisiana Revised Statute 47:305.16*

**Mail to:**

Louisiana Department of Revenue

Taxpayer Compliance Division – SES

P.O. Box 66362

Baton Rouge, LA 70896-6362

Email: [LDR-SalesExemptionApplications@la.gov](mailto:LDR-SalesExemptionApplications@la.gov)

Fax: (225) 237-6762

**For Questions:**

Phone: (855) 307-3893

This form is for use by nonprofit organizations that train or employ persons with disabilities when applying for exemption from the collection of state sales tax as provided for under La. R.S. 47:305.16. Completed forms should be mailed, emailed, or faxed to the Louisiana Department of Revenue for approval.

**PLEASE PRINT OR TYPE**

Nonprofit Organization Name		
Physical Address		
City	State	ZIP
Mailing Address		
City	State	ZIP
Louisiana Sales Tax Account Number		Telephone Number

The above nonprofit organization hereby applies for the state sales tax exemption for purchases by the organization allowed by La R.S. 47:305.16. In applying for the sales tax exemption, the organization certifies the following:

1. The organization is a bona fide nonprofit organization.
2. The nonprofit organization sells donated goods.
3. Seventy-five percent or more of the organization's revenues are spent on directly employing or training for employment persons with disabilities or workplace disadvantages.

**Notice to Dealer: Report this sale on Schedule A-1 of your sales tax return under exemption code 1028. This form is valid until December 31, 2030.**

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.

**Officer of the organization completing the application**

Print/Type Name	Title
Signature	Date (mm/dd/yyyy)

**FOR OFFICIAL USE ONLY**

<b>Approved</b> <b>Disapproved</b>	<b>Expiration Date:</b> June 30, 20 _____
Signature of Department Representative	Date (mm/dd/yyyy)