

APPLICATION FOR EXEMPTION — FEDERAL AND ALL OTHERS



CAROLE KEETON STRAYHORN - TEXAS COMPTROLLER OF PUBLIC ACCOUNTS

Texas tax laws provide exemptions from sales, franchise, and/or hotel taxes for organizations meeting specific requirements. The exemptions available vary, depending upon the category of exemption under which the organization might qualify.

Please use this application, AP-204, to apply for exemption if you are:

- Applying on the basis of the organization's designation as a qualifying 501(c) organization, or
- Applying on any basis OTHER THAN as a religious, charitable, or educational organization, or a homeowners' association.

Separate applications are available for organizations applying for exemption as a religious (AP-209), charitable (AP-205), educational (AP-207), or homeowners association (AP-206).

The applications, laws, rules and other information about exemptions are online at:

<http://www.window.state.tx.us/taxinfo/exempt>

Send the completed application along with all required documentation to:

Comptroller of Public Accounts
Exempt Organizations Section
P.O. Box 13528
Austin, Texas 78711-3528

We will contact you within 10 working days after receipt of your application to let you know the status of your application. We may require an organization to furnish additional information to establish the claimed exemption. After a review of the material, we will inform the organization in writing if it qualifies for exemption. The comptroller or an authorized representative of the comptroller may audit the records of an organization at any time during regular business hours to verify the validity of the organization's exempt status.

If you have questions or need more information, contact our Tax Assistance staff at 1-800-252-5555 or, in Austin, call 463-4600.

You have certain rights under Ch. 559, Government Code, to review, request, and correct information we have on file about you. Contact us at the address or toll-free number listed on this form.

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• TYPE OR PRINT
 • Do NOT write in shaded areas.

1. Organizations applying for exemption under one of the categories listed below should check the appropriate box and complete this application.

Our publication, *Guidelines to Texas Tax Exemptions (96-1045)*, includes a description of the additional documentation required for each category of exemption. For the category you select, be sure to read the requirements listed in the publication. **If you send in an application without including the documentation described in the publication, we will return the application to you with a request for additional information. We are unable to process incomplete applications.**

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| <input type="checkbox"/> Federal Exemption under qualifying Internal Revenue Code Section 501(c)
<input type="checkbox"/> Cemetery Corporations
<input type="checkbox"/> Certain Insurance Corporations for Farm Mutuals, Local Mutual Aid Associations and Burial Associations
<input type="checkbox"/> Certain Insurance Corporations Licensed as Title Insurance Companies and Title Insurance Agents
<input type="checkbox"/> Certain Corporations subject to the Insurance Code
<input type="checkbox"/> Chambers of Commerce
<input type="checkbox"/> Convention and Tourist Promotional Agencies
<input type="checkbox"/> Cooperative Associations
<input type="checkbox"/> Cooperative Credit Associations
<input type="checkbox"/> Corporations Exempted by Another Law
<input type="checkbox"/> Corporations with Business Interest In Solar Energy Devices
<input type="checkbox"/> Corporations Organized for Agricultural Purposes
<input type="checkbox"/> Corporations Organized for Conservation Purposes
<input type="checkbox"/> Corporations Involved with City Natural Gas Facility
<input type="checkbox"/> Corporations Organized to Provide Cooperative Housing
<input type="checkbox"/> Corporations Organized to Provide Convalescent Homes for Elderly
<input type="checkbox"/> Corporations Organized for Student Loan Funds or Student Scholarship Purposes | <input type="checkbox"/> Credit Unions - Federal
<input type="checkbox"/> Credit Unions - State
<input type="checkbox"/> Development Corporations
<input type="checkbox"/> Electric Cooperatives
<input type="checkbox"/> Emergency Medical Service Corporations
<input type="checkbox"/> Farmers Cooperative Societies
<input type="checkbox"/> Health Facility Development Corporations
<input type="checkbox"/> Hospital Laundry Cooperative Associations
<input type="checkbox"/> Housing Finance Corporations
<input type="checkbox"/> Local Organizing Committees
<input type="checkbox"/> Lodges
<input type="checkbox"/> Marketing Associations
<input type="checkbox"/> Nonprofit Water Supply Corporations
<input type="checkbox"/> Open-End Investment Companies
<input type="checkbox"/> Public Interest Organizations
<input type="checkbox"/> Railway Terminal Corporations
<input type="checkbox"/> Recycling Operations
<input type="checkbox"/> Telephone Cooperatives
<input type="checkbox"/> Texas Natural Research Laboratory Commission Corporations
<input type="checkbox"/> Volunteer Fire Departments
<input type="checkbox"/> Youth Athletic Organizations |
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2. ORGANIZATION NAME

(Legal name as provided on Articles of Incorporation, or if unincorporated, the governing document. If an out-of-state corporation, name must match the official corporate name as filed in the home state of charter.)

3. ORGANIZATION MAILING ADDRESS

Street number, P.O. Box, or rural route and box number

City State/province ZIP code County (or country, if outside the U.S.)

<input style="width: 95%; height: 15px;" type="text"/>	<input style="width: 95%; height: 15px;" type="text"/>	<input style="width: 95%; height: 15px;" type="text"/>	<input style="width: 95%; height: 15px;" type="text"/>
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4. Texas taxpayer number (if applicable)

5. Federal employer's identification number (EIN) (Required if applying for exemption on the basis of a federal exemption)

6. For **TEXAS** corporations, filing information issued by the Secretary of State:

Month Day Year

File Number	<input style="width: 95%; height: 15px;" type="text"/>	File Date	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>
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7. For **NON-TEXAS** corporations, filing information issued by the Texas Secretary of State:

Month Day Year

Certificate of Authority File Number	<input style="width: 95%; height: 15px;" type="text"/>	File Date	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>
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Home State of Incorporation	<input style="width: 95%; height: 15px;" type="text"/>	Date of Incorporation	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	Home State Filing or Registration Number	<input style="width: 95%; height: 15px;" type="text"/>
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8. Name, address and daytime phone number of the person submitting this application

Name	Title		
<input style="width: 95%; height: 15px;" type="text"/>	<input style="width: 95%; height: 15px;" type="text"/>		
Firm or Company Name	Daytime Phone (Area code and number)	Extension	
<input style="width: 95%; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	
Address	City	State	Zip
<input style="width: 95%; height: 15px;" type="text"/>	<input style="width: 95%; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>

If address provided is not the same as the organization's mailing address, indicate to which address our response should be mailed:

To organization mailing address
 To mailing address of submitter