

 **Illinois Department of Revenue**  
**STAX-1** **Application for Sales Tax Exemption**

Register faster using **MyTax Illinois**, our online account management program, available on our website at **tax.illinois.gov**. If you have questions, visit our website or contact us weekdays between 8:00 a.m. and 4:30 p.m. at **217 782-8881** or email us at **rev.e99@illinois.gov**.

**Read this information first**

Complete all steps of this Application for Sales Tax Exemption. Failure to complete any part of this application may result in the denial of the sales tax exemption. For more information about the laws, rules, and regulations governing the sales tax exemption, visit our website at **tax.illinois.gov**.

**Check one:**  **New Application**  **Renewal**

**If renewal, enter your Illinois Sales Tax Exemption number: E99** \_\_\_\_\_

**Step 1: Identify your organization**

FEIN: \_\_\_\_\_ - \_\_\_\_\_

Provide a statement of your organization's purpose.

Legal name: \_\_\_\_\_

DBA: \_\_\_\_\_

Legal address: \_\_\_\_\_  
Street address - NO PO Box number      Apartment or suite number

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Mailing address if different from the address above:

In-care of name \_\_\_\_\_

Contact person: \_\_\_\_\_

Phone:(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax:(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Street address or PO Box number \_\_\_\_\_ Apartment or suite number \_\_\_\_\_

Email address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Organization's website: \_\_\_\_\_

**Step 2: Tell us about your organization** - *Check the box that best describes your organization's primary function.*

**Governmental** - Attach a letter on your organization's letterhead that indicates you are applying for sales tax exemption.

It must include your:

- governmental organization type (e.g., federal, state, local, or foreign) and department; and
- organization's complete legal name (no abbreviations, acronyms, etc.) and legal address.

**Note:** School districts should apply for the exemption as a governmental body, while individual schools should apply as an educational organization.

**Charitable** (e.g., youth sports programs, animal shelters, low income housing programs)

**Educational**

**Arts & cultural**

**Senior citizen**

**Religious**

**Provide the address of the place of worship. If you do not own the facility, a copy of the lease agreement or rental agreement is required.**

Legal address: \_\_\_\_\_  
Street address - NO PO Box number      Apartment or suite number

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Teacher-sponsored student organization**

**Cemetery** - To qualify for this exemption, the cemetery must be owned by a governmental or religious organization. Provide documentation showing that your organization is operating under the Cemetery Association Act, 805 ILCS 320.

**County fair association**

**Step 3: Required documentation - All organizations, except governmental organizations, must provide copies of the following documentation when submitting your application.**

- If incorporated, your organization's Articles of Incorporation;
- If unincorporated, your organization's constitution;
- Your organization's by-laws;
- A detailed narrative explaining the purposes, functions, and activities of your organization;
- Brochures or other printed material explaining the purposes, functions, and activities of your organization;
- A copy of the Internal Revenue Service (IRS) letter, regarding federal tax-exempt status, if applicable;  
**Note:** Exemption from federal income taxes under section 501(c)3 does not automatically grant your organization tax exempt status under Illinois law;
- A copy of the most recent full-year audited financial statement showing the breakdown of income and expenses  
**Note:** If you are applying as a religious organization you are not required to provide a financial statement (with the initial application), but you must provide a copy of your lease or rental agreement if you do not own the place of worship; and
- Any other information that describes the purposes, functions, and activities of your organization.

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**Step 4: Sign below**

Under the penalties of perjury, I state that I have examined this application and all attachments and other information required and to the best of my knowledge, it is true, correct, and complete.

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Signature

Printed name

Date

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**Mail your completed application and any required documentation to:**

**EXEMPTION SECTION MC 3-520  
ILLINOIS DEPARTMENT OF REVENUE  
101 WEST JEFFERSON STREET  
SPRINGFIELD IL 62702**

This form is authorized as outlined under the tax or fee Act imposing the tax or fee for which this form is filed. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.