

600 N. Robert St. St. Paul, MN 55146-6330

Nonprofit.exemptstatus@state.mn.us

Form ST16A, Application for Nonprofit Exempt Status—Sales Tax Nursing Homes and Boarding Care Homes

The Application Process

- We will link your application to your Minnesota Tax ID Number to track the status of your application. If your organization does not have a Minnesota Tax ID Number, we will assign one to you.
- Allow up to 60 days to receive a determination on your application.
- We may request additional information to determine if your organization qualifies for exempt status.

Organizatio	n Name		Phone		
Mailing Add	dress		City	State	ZIP Code
Main Busin	ess Address in Minnesota (If Differe	nt From Above)	City	State	ZIP Code
Federal Tax	ID Number	Minnesota Tax ID Number	Phone	Email Ad	dress
Please P	Provide:				
• A co	opy of your federal 501(c)(3)	letter			
• Doc	Documentation that you meet one of the following requirements:				
	This facility is certified to p	participate in the medical assistance	program under Title 19 of the	e Social Security Act.	
	This facility does not discharge residents due to the inability to pay. Include a copy of the facility's discharge policy.				
	This facility is exempt fron	n property tax. Include a copy of the	acility's most current proper	ty tax statement.	
Sign Hei	re				
I declare	this form and supporting do	cumentation is correct and complete	to the best of my knowledge	and belief and I am aut	horized to sign on
	the organization.				
Signature		Title	Date	Phone	
Preparer Sig	gnature	Preparer Minnesota Tax	D Number Date	Prepar	er Phone
Sand Fo	rm ST16A supporting do	cuments, and Form REV184, Pov	war of Attorney (if applica	ble) to:	
Mail:	Minnesota Department Mail Station 6330		ver oj Attorney (ii applica	ые <i>)</i> , to.	

Rev. 9/19

Email: