



**REV-956**

BUREAU OF REGISTRATION  
AND TAXPAYER MANAGEMENT  
PO BOX 280901  
HARRISBURG PA 17128-0901

OFFICIAL USE ONLY

**INSTITUTION OF PURELY  
PUBLIC CHARITY RENEWAL  
AFFIDAVIT**

Use this form to renew your existing Sales Tax Exemption Certificate.

**INSTRUCTIONS:**

This form must accompany the completed Application for Sales Tax Exemption, REV-72 in order to renew the Sales Tax Exemption Certificate.

An institution of purely public charity applying for a renewal of sales tax exempt status that completes this affidavit will not be required to submit articles of incorporation, by-laws or other documents as otherwise directed on the Application for Sales Tax Exemption, REV-72.

If the organization is incorporated, the affidavit must be signed by a corporate officer of the organization. If not incorporated, the affidavit must be signed by a responsible party of the organization.

Fax the completed form, along with the REV-72 to (717) 787-3708 or

Email to [ra-rvtrotaxspecialty@pa.gov](mailto:ra-rvtrotaxspecialty@pa.gov).

**SECTION I ORGANIZATION INFORMATION**

Name of Organization (as reported on the Application for Sales Tax Exemption, REV-72.)	Exemption Number 75-
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Mailing Address

City	State	ZIP Code	Telephone Number
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Select one of the following that apply and complete the information:

<input type="radio"/> Incorporated	Date of Incorporation	Have the articles of incorporation been amended in the last 5 years? <input type="radio"/> No <input type="radio"/> Yes*, Provide last amendment date _____
<input type="radio"/> Unincorporated	Date of Formation	Have the by-laws been amended in the last 5 years? <input type="radio"/> No <input type="radio"/> Yes*, Provide last amendment date _____

**!** **\*Important:** If the institution has adopted any governance changes after the original filing of the Application for Sales Tax Exemption, REV-72, you must provide a copy of any amendments along with a detailed explanation of how such changes affect the institution.

**SECTION II CORPORATE OFFICER/RESPONSIBLE PARTY INFORMATION**

Name	Title
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Mailing Address

City	State	ZIP Code	Telephone Number
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**SECTION III CERTIFICATION**

Under penalties of perjury, I declare I have examined the above statements and any accompanying documents, and to the best of my knowledge and belief, all facts relating to this matter contained therein, are true, correct and complete.

Signature	Date
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**Notarization:**

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My commission expires \_\_\_\_\_, 20\_\_\_\_\_.

Do not mark below this line.

\_\_\_\_\_  
Signature of Notary Public

