Indiana Nonprofit Sales Tax Exemption (NP-1) Request Form

1. Seller's Information

Seller's Name:_____

Seller's Street Address:_____

Seller's Street Address 2:_____

Unit #:_____

City:_____ State:_____ Zip Code:_____

2. Exemption information

Check One: ◯ Blanket Purchase ◯ Single Purchase

Description of items to be purchased:

Are the items being purchased lodging or meals? ◯ Yes ◯ No

If yes, provide the nonprofit or other tax exempt purpose for which the lodging or meals are being purchased:

3. Your information

Name:_____

Department:_____

Email:_____@wabash.edu

Work Phone:_____

Please allow two business days for processing.

CLEAR FORM SUBMIT FORM