



**pennsylvania**

DEPARTMENT OF REVENUE

Bureau of Business Trust Fund Taxes  
 PO BOX 280909  
 Harrisburg, PA 17128-0909

**INSTITUTION OF  
 PURELY PUBLIC  
 CHARITY RENEWAL  
 AFFIDAVIT**

Organization's name as shown on the Application for Sales Tax Exemption (REV-72):

Current Exemption Number: 75-\_\_\_\_\_

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

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

**INCORPORATED INSTITUTION**      Date of Incorporation: \_\_\_\_\_

Have the articles of incorporation been amended since the date incorporated?

YES       NO      If yes, date of last amendment(s): \_\_\_\_\_

**UNINCORPORATED INSTITUTION**      Date of Formation: \_\_\_\_\_

Have the by-laws been amended since the formation date?

YES       NO      If yes, date of last amendment(s): \_\_\_\_\_

**NOTE: If the institution has adopted any governance changes after the original filing of the Application for Sales Tax Exemption (REV-72), then a copy of any amendments must be provided along with a detailed explanation of how such changes affect the institution.**

"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."

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Title/Corporate Officer Position

\_\_\_\_\_  
 Daytime Phone Number

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 ZIP Code

Notarization:

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

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

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