



### **Requirements for 1st-Year Booster Clubs/Parent Organizations Collecting Money**

- Register with MSCS @ <https://sso.scsk12.org/>
- Proof of current Tennessee Nonprofit Corporation (see #1 example below) or proof of charitable foundation status (501C3) (see #2 example below)

\*\*\*Money collection examples include, but not limited to the following: membership dues, any fundraising activities, monetary or property donations, movie nights, popcorn sales, etc.

### **Requirements for 1st-Year Booster Clubs/Parent Organizations "Not" Collecting Money**

- Register with MSCS @ <https://sso.scsk12.org/>
- Submit parent/officer names and contact information
- Submit goals and objectives of the parent organization

### **Contact Information**

**Department of Family & Community Engagement  
160 S. HOLLYWOOD  
MEMPHIS, TN 38112  
901-416-7600**





STATE OF TENNESSEE
DEPARTMENT OF REVENUE

Effective Date: July 1, 2019
Expiration Date: June 30, 2023
Account No:
Exemption No:
Facility Address:
8729 ASHBURY OAK DR
CORDOVA TN 38018-1019

Exempt Organizations or Institutions
Sales and Use Tax Certificate of Exemption

This organization or institution qualifies for the authority to make sales and use tax exempt purchases of goods and services that it will use, consume or give away.

This authorization for exemption is limited to sales made directly to the referenced organization. This exemption certificate may not be used for sales made to individuals paying with personal checks or personal debit or credit cards, even if the individual is a representative or employee of the organization, and he or she will be reimbursed for the purchase. Sellers must refuse to accept the certificate when the sale is made to someone other than the organization.

This exemption certificate may not be used to make purchases without the payment of sales and use tax for other locations and may not be transferred to or used by any other person.

Seller's Name

Seller's Address (City & State)

I, \_\_\_\_\_, as an authorized representative of the taxpayer named above, affirm that the purchases qualify for the exemption and will be used at the location of the facility address referenced above. Under penalty of perjury, I affirm this to be a true and correct statement.

Print Name of Authorized Representative

Signature of Authorized Representative

Date