



# Religious Tax Exemption Form

Date: \_\_\_\_\_

I, \_\_\_\_\_, certify that \_\_\_\_\_  
(Religious Community Treasurer) (Religious Community Member)

Is acting as an agent for \_\_\_\_\_  
(Religious Community Name)

Any amounts due the above named member/agent of our Religious community for services rendered to Santa Clara University are properly the property of this community and therefore, under Federal Revenue Ruling 77-290, are exempt from:

- Social Security taxes (FICA)
- Federal Withholding Taxes

and under State of California Section 501 (c) (3) of Internal Revenue Code are exempt from:

- California State Disability Insurance (SDI)
- State of California Withholding Taxes

Signature of Religious Community Treasurer \_\_\_\_\_

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

\_\_\_\_\_  
(City) (State) (Zip)

Signature of Religious Community Member \_\_\_\_\_

Social Security Number \_\_\_\_\_