



Sales Tax Exemption Certificate

Multi - Jurisdiction

Customer #

cc00000002

Seller Name 6_10_2_Smoke_Test_IE11_Co.			
Address 1 1st st			
City Raleigh		State NC	ZIP 27617
I Certify That			
Name of Firm (Buyer) test			
Address 22 22nd st			
City Town		State NY	ZIP 10038
Qualifies As (Check each applicable item)			
<input checked="" type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <input type="checkbox"/> Manufacturer <input type="checkbox"/> Charitable or Religious			
<input type="checkbox"/> Political Subdivision or Governmental Agency <input type="checkbox"/> Other (Specify)			
If Other, specify here			
1) and is registered with the below listed states and cities within which your firm would deliver purchases to us which are for resale or leased by us in the normal course of business which is: Resale _____ or			
2) that such purchases are exempt from payment of sales or use tax in such states and cities because our buyer is:			
<input type="checkbox"/> Political Subdivision or Governmental Agency <input type="checkbox"/> Charitable or Religious <input type="checkbox"/> Otherwise Exempt By Statute (Specify)			
If Otherwise Exempt By Statute, specify here			
City or State New York	State Registration or ID Number 621698	City or State	State Registration or ID Number
City or State	State Registration or ID Number	City or State	State Registration or ID Number
City or State	State Registration or ID Number	City or State	State Registration or ID Number
If the list of states and cities is more than six(6), attach a list to this certificate. I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Sale or Use Tax we will pay the tax due direct to proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be called until canceled by us in writing or revoked by the city or state.			
General Description of products to be purchased from seller Stuff			
Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.			
Authorized Signature (owner, Partner or Corporate Officer) 		Title Trustee	Date 2018-05-17



Standard Colorado Affidavit of Exempt Sale

This form is required by the State of Colorado for any transaction on which an exemption from state tax is claimed for charitable and government entities. The seller is required to maintain a completed form for each tax-exempt sale.

Furnish this form to the seller. Do not return this form to the State of Colorado.

Purchase Details				
<input checked="" type="checkbox"/> Purchase for resale - or - <input type="checkbox"/> Purchase for wholesale (see instructions) State license number (not FEIN number): <u>65132546</u> Issuing state <u>NY</u> Expiration <u>2020-01-01</u> (Attach a copy of state license) <input checked="" type="checkbox"/> I affirm items purchased are for resale/wholesale in the ordinary course of business. Initial <u>JS</u>				
<input type="checkbox"/> Purchase by religious or charitable organization (exemptions may vary by jurisdiction) State tax-exempt number (not FEIN number): _____ (Attach a copy of state exemption certificate) Payment information (required to meet one of the following): <input type="checkbox"/> Paid by cash and accompanied by a purchase order from the organization <input type="checkbox"/> Paid by check drawn on funds of the exempt organization <input type="checkbox"/> Paid by purchasing card bearing information of the exempt organization The embossed name of the card is: _____ <input type="checkbox"/> Paid by commercial card not a personal credit card - card's last four digits: _____				
<input type="checkbox"/> Purchase by federal, state, or local government Credit card number (first six and last four only): _____ - _____ xx-xxxx- _____ Federal government (payment information - required to meet one of the following): <input type="checkbox"/> GSA SmartPay2 card – fleet card with picture of a road and flag <input type="checkbox"/> GSA SmartPay2 card – purchase card with picture of a keyboard and flag <input type="checkbox"/> GSA SmartPay2 card – travel card with picture of an airplane and flag <input type="checkbox"/> GSA SmartPay2 card – integrated card with picture of an eagle and flag <input type="checkbox"/> Dept of Interior agency issued card – agency name _____ State and local government (payment information - required to meet one of the following): <input type="checkbox"/> Paid by check issued by and drawn on funds from the government agency <input type="checkbox"/> Paid by government purchase card as designated on the card State tax-exempt number printed on the card (Colorado only): _____ <input type="checkbox"/> Check if the card states "for official state use only" or "tax exempt"				
<input type="checkbox"/> Purchase by foreign and diplomatic exemptions (required to meet the following): <input type="checkbox"/> Purchaser presents a state department issued card with the name/photo of the bearer on the card. If presented with this card, documentation of form of payment is not required (excluding mission card).				
Purchaser Information				
Legal Name of Company/Organization/Agency Name		Purchaser Name (Printed)		
<u>Jane Appleseed</u>		<u>test</u>		
Address		City	State	Zip + 4
<u>22 22nd st</u>		<u>Town</u>	<u>NY</u>	<u>10038</u>
Phone	State/Driver License #	Description of Normal Course of Business		
	<u>MI</u>	<u>Things</u>		
Under penalty of perjury, I swear or affirm that the information on this form is true and correct as to every material matter. I affirm that the items purchased tax-exempt will be used for official business of the above-named organization or agency. I accept that I remain directly liable for the taxes and any applicable penalty or interest if my purchase is found to not qualify for the exemption or if the information asserted in this form is deemed fraudulent.				
Signature			Date	
<u>[Signature]</u>			<u>2018-05-17</u>	
Seller Verification				
Seller Name	Location #	Date	Transaction ID	Employee ID# / Initials
<u>6 10 2 Smoke Test IE11 C</u>				
Description of Items Purchased or Attach Duplicate Receipt/Invoice				Exempted Amount of Purchase