

# Michigan Sales and Use Tax Certificate of Exemption

TO BE RETAINED IN THE SELLER'S RECORDS - DO NOT SEND TO TREASURY.

This certificate is invalid unless all four sections are completed by the purchaser.

## SECTION 1 - CHECK ONE OF THE FOLLOWING

- One time purchase
- Blanket certificate (Note: A blanket certificate is valid for four years from the date of signature unless an earlier expiration date is listed below)  
Expiration date, if less than four years: \_\_\_\_\_.

The purchaser hereby claims exemption on the purchase of tangible personal property and selected services made under this certificate from \_\_\_\_\_ and certifies  
(Vendor's Name)  
that this claim is based upon the purchaser's proposed use of the items or services, or the status of the purchaser.

## SECTION 2: ITEMS COVERED BY THIS CERTIFICATE

- All items purchased
- Limited to the following items: \_\_\_\_\_

## SECTION 3: BASIS FOR EXEMPTION CLAIM

- For Resale at Retail - Sales Tax Registration Number: \_\_\_\_\_
- For Resale at Wholesale - No Number Required
- For Lease - Use Tax Registration Number: \_\_\_\_\_
- Agricultural Production - No Number Required (Describe) \_\_\_\_\_
- Industrial Processing - No Number Required
- Government Entity, Nonprofit School, Nonprofit Hospital, and Church (Circle type of organization.)
- Nonprofit Internal Revenue Code Section 501(c)(3) and 501(c)(4) Exempt Organizations (Attach copy of IRS letter ruling).
- Nonprofit Organizations with an Exempt letter from the State of Michigan (Attach a copy of State's letter)
- Other (explain): \_\_\_\_\_

## SECTION 4: CERTIFICATION

*I declare, under penalty of perjury, that the information on this certificate is true, that I have consulted the statutes, administrative rules and other sources of law applicable to my exemption, and that I have exercised reasonable care in assuring that my claim of exemption is valid under Michigan law. In the event this claim is disallowed, I accept full responsibility for the payment of tax, penalty and any accrued interest, including, if necessary, reimbursement to the vendor for tax and accrued interest.*

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

Area Code / Telephone No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature and Title \_\_\_\_\_ Date Signed \_\_\_\_\_

Name (Print or Type) \_\_\_\_\_ Social Security No. or FEIN \_\_\_\_\_