## Michigan Sales and Use Tax Certificate of Exemption

This exemption claim should be completed by the purchaser, provided to the seller, and is not valid unless the information in all four sections is complete. Do not send a copy to Treasury unless one is requested.

SECTION 1: TYPE OF PURCHASE Check one of the following:		
A. One-Time Purchase	C. Blanket Certificate	
Order or Invoice Number:	Expiration Date (maximum of t	four years):
B. Blanket Certificate. Recurring Business Relationship		
The purchaser completing this form hereby claims exemption from tax on the seller named below. This claim is based upon: the purchaser's proposed us		
Seller's Name and Address		
SECTION 2: ITEMS COVERED BY THIS CERTIFICATE		
Check one of the following:		
1. All items purchased.		
2. Limited to the following items:		
SECTION 3: BASIS FOR EXEMPTION CLAIM		
Check one of the following:		
For Lease. Purchaser will lease the property and elects to parabased on rental receipts. Enter sales tax license or use tax receipts.		
For Resale at Retail. Enter Sales Tax License Number:	<del> </del>	
3. Direct Pay - Authorized to pay use tax on qualified transaction	ns directly to Michigan Treasury under acc	ount number:
The following exemptions DO NOT require the purchaser to pro	vide a number:	
4. Agricultural Production. Enter percentage:%		
5. Government Entity (U.S. or its instrumentalities, State of Mic Church or House of Religious Worship (circle type of organiz		ofit School, Nonprofit Hospital,
6. Contractor (provide Michigan Sales and Use Tax Contractor	Eligibility Statement (Form 3520)).	
7. For Resale at Wholesale.		
8. Industrial Processing. Enter percentage:%		
9. Nonprofit Internal Revenue Code Section 501(c)(3), 501(c)(4	4), or 501(c)(19) Exempt Organization.	
10. Nonprofit Organization with an authorized letter issued by M June 13, 1994 (use tax).	ichigan Department of Treasury prior to J	uly 17, 1998 (sales tax) or
11. Rolling Stock purchased by an Interstate Motor Carrier.		
12. Other (explain):		
SECTION 4: CERTIFICATION		
I declare, under penalty of perjury, that the information on this certificate is sources of law applicable to my exemption, and that I have exercised reas law. In the event this claim is disallowed, I accept full responsibility for the reimbursement to the vendor for tax and accrued interest.	sonable care in assuring that my claim of	exemption is valid under Michigan
Business Name		Type of Business (see codes on page 2)
Business Address	City, State, ZIP Code	
Business Telephone Number (include area code)	Name (Print or Type)	
Signature	Title	Date Signed