## 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 FO	DLLOWING			
One time purchase	the date of signatur	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			ed services made under	
this certificate from			and certifies	
that this claim is based upon the purch	(Vendor's N aser's proposed use of the ite	lame) ms or services, or the status	of the purchaser.	
SECTION 2: ITEMS COVERED BY TH	IIS CERTIFICATE			
<ul><li>All items purchased</li><li>Limited to the following items:</li></ul>			····	
SECTION 3: BASIS FOR EXEMPTIO	N CLAIM			
For Resale at Retail - Sales Tax For Resale at Wholesale - No Note   For Lease - Use Tax Registration Agricultural Production - No Num Industrial Processing - No Num Government Entity, Nonprofit Nonprofit Internal Revenue Colletter ruling). Nonprofit Organizations with a Other (explain):  SECTION 4: CERTIFICATION  I declare, under penalty of perjury, that the is sources of law applicable to my exemption, allaw. In the event this claim is disallowed, I acreimbursement to the vendor for tax and accreimbursement to the vendor for tax and accreims.	Number Required In Number: Imber Required (Describe) Inber Required School, Nonprofit Hospital, arde Section 501(c)(3) and 501(c) In Exempt letter from the State Information on this certificate is true, and that I have exercised reasonable of the coept full responsibility for the payment.	of Church (Circle type of organizations (a) (4) Exempt Organizations (b) of Michigan (Attach a copy of the copy of	ganization.) Attach copy of IRS of State's letter)  s, administrative rules and other temption is valid under Michigan	
Purchaser	Street Address	Street Address		
Area Code / Telephone No.	City	State	Zip Code	
·			·	
Signature and Title		Date Signed		
Name (Print or Type)		Social Security No. or F	EIN	