

# Michigan Sales and Use Tax Certificate of Exemption

**DO NOT send to Treasury – Certificate must be retained in the Seller's Records.**

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

## SECTION 1: CHECK ONE OF THE FOLLOWING

- One time purchase  
Order or Invoice #: \_\_\_\_\_
- Blanket certificate. Expiration date, maximum of four years: \_\_\_\_\_

The purchaser hereby claims exemption on the purchase of tangible personal property and selected services made from the vendor listed below. This certifies that this claim is based upon the purchaser's proposed use of the items or services, OR the status of the purchaser.

\_\_\_\_\_  
(Vendor's Name and Address)

## SECTION 2: ITEMS COVERED BY THIS CERTIFICATE (Check one of the following)

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

## SECTION 3: BASIS FOR EXEMPTION CLAIM (Check one of the following)

- For Resale at Retail - Sales Tax License Number: \_\_\_\_\_
- For Lease - Use Tax Registration Number: \_\_\_\_\_
- The following exemptions DO NOT require the purchaser to provide a number:**
- For Resale at Wholesale
- Agricultural Production \_\_\_\_%
- Industrial Processing \_\_\_\_%
- Church, Government Entity, Nonprofit School, or Nonprofit Hospital (Circle type of organization.)
- Nonprofit Internal Revenue Code Section 501(c)(3) or 501(c)(4) Exempt Organizations (must provide IRS authorized letter with this form.)
- Nonprofit Organization with an authorized letter issued by the Michigan Department of Treasury prior to June 1994 (must provide copy of letter with this form)
- Rolling Stock purchased by an Interstate Motor Carrier
- Direct Mail (delivered to multiple taxing jurisdictions - purchaser assumes tax payment obligation)
- 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.*

Type of Business (see codes on page 2)	Business Name
Business Address	City, State, ZIP Code
Business Telephone Number (include area code)	Name (Print or Type)
Signature and Title	Date Signed