

Certificate of Exemption

Purchaser: Complete this certificate and **give it to the seller.**

Seller: If this certificate is not fully completed, you must charge sales tax. Keep this certificate as part of your records.

This is a blanket certificate, unless one of the boxes below is checked, and remains in force as long as the purchaser continues making purchases, or until otherwise cancelled by the purchaser.

Check if this certificate is for a single purchase and enter the related invoice/purchase order # _____.

If you are a contractor and have a purchasing agent agreement with an exempt organization, check the box to make multiple purchases for a specific job. Enter the exempt entity name and specific project:

Exempt entity name _____ Project description _____

Type or print	Name of purchaser _____			
	Business address _____		City _____	State _____ Zip code _____
	Purchaser's tax ID number _____		State of issue _____	Country of issue _____
	If no tax ID number, enter one of the following:	FEIN _____	Driver's license number/State issued ID number _____ state of issue _____ number _____	
	Name of seller from whom you are purchasing, leasing or renting _____			
	Seller's address _____		City _____	State _____ Zip code _____

Type of business. Circle the number that describes your business.

- | | | |
|------------------|---|---------------------------------------|
| Type of business | 01 Accommodation and food services | 11 Transportation and warehousing |
| | 02 Agricultural, forestry, fishing, hunting | 12 Utilities |
| | 03 Construction | 13 Wholesale trade |
| | 04 Finance and insurance | 14 Business services |
| | 05 Information, publishing and communications | 15 Professional services |
| | 06 Manufacturing | 16 Education and health-care services |
| | 07 Mining | 17 Nonprofit organization |
| | 08 Real estate | 18 Government |
| | 09 Rental and leasing | 19 Not a business (explain) _____ |
| | 10 Retail trade | 20 Other (explain) _____ |

Reason for exemption. Circle the letter that identifies the reason for the exemption.

- | | | |
|----------------------|---|--|
| Reason for exemption | A Federal government (department) _____ | I Agricultural production |
| | B Specific government exemption (from list on back) _____ | J Industrial production/manufacturing |
| | C Tribal government (name) _____ | K Direct pay authorization |
| | D Foreign diplomat # _____ | L Multi-employer pension plan for computer software MPJ exemption is no longer valid; repealed March 8, 2008 |
| | E Charitable organization # _____ | M Direct mail |
| | F Educational organization # _____ | N Other (enter number from back page) _____ |
| | G Religious organization # _____ | O Percentage exemption |
| | H Resale | <input type="checkbox"/> Advertising (enter percentage) _____% |
| | | <input type="checkbox"/> Utilities (enter percentage) _____% |

I declare that the information on this certificate is correct and complete to the best of my knowledge and belief. (PENALTY: If you try to evade paying sales tax by using an exemption certificate for items or services that will be used for purposes other than those being claimed, you may be fined \$100 under Minnesota law for each transaction for which the certificate is used.)

Signature of authorized purchaser _____ Print name here _____ Title _____ Date _____