



STATE OF VERMONT
 DEPARTMENT OF TAXES
 109 STATE STREET
 MONTPELIER, VERMONT 05609-1401

RESALE AND EXEMPT ORGANIZATION CERTIFICATE OF EXEMPTION
 TITLE 32, 9707 (5); 9743 (1-3)

Supplier's Name _____

 (Street) (City, Town or PO) (State and Zip)

() Single Purchase – Enter Purchase Price: \$ _____

() Multiple Purchase – Description of purchased articles: _____

- _____
- () Purchase by Retailer or Wholesaler for Resale
 - () Purchase by 501(c) (3) Organization which is religious, educational or scientific
 - () Direct Purchase by Federal or Vermont Governmental Unit
 - () Purchase by Volunteer Fire Department, Ambulance Company, Rescue Squad (Registration is not required.)

Check applicable blocks

Name of Purchaser: _____

Trading as: _____

 (Street) (City, Town or PO) (State and Zip)

Vermont Registration Certificate Number: _____

Federal Identification Number: _____

See Instructions – 3(d)

Purchaser's primary business: _____

I certify that I am authorized to sign this certificate of exemption and that, to the best of my knowledge and belief, it is true and correct, made in good faith, pursuant to the State of Vermont Sales and Use Tax Law.

By: _____ (Signature) _____ (Title)

(If the purchaser is a corporation, an officer of the corporation or other person authorized to sign on behalf of the corporation must sign; if a partnership, one partner must sign; if an unincorporated association, a member must sign; if a sole proprietorship, the proprietor must sign.)

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