

# 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 FOLLOWING

One time purchase

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 on the purchase of tangible personal property and selected services made under

this certificate from FREELAND BEAN & GRAIN, INC and certifies  
(Vendor's Name)

that this claim is based upon the purchaser's proposed use of the items or services, or the status of the purchaser.

## SECTION 2: ITEMS COVERED BY THIS CERTIFICATE

All items purchased

Limited to the following items: \_\_\_\_\_

## SECTION 3: BASIS FOR EXEMPTION CLAIM

For Resale at Retail - Sales Tax Registration Number: \_\_\_\_\_

For Resale at Wholesale - No Number Required

For Lease - Use Tax Registration Number: \_\_\_\_\_

Agricultural Production - No Number Required (Describe) \_\_\_\_\_

Industrial Processing - No Number Required

Government Entity, Nonprofit School, Nonprofit Hospital, and Church (Circle type of organization.)

Nonprofit Internal Revenue Code Section 501(c)(3) and 501(c)(4) Exempt Organizations (Attach copy of IRS letter ruling).

Nonprofit Organizations with an Exempt letter from the State of Michigan (Attach a copy of State's letter)

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.

\_\_\_\_\_  
Purchaser

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Area Code / Telephone No.

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name (Print or Type)

\_\_\_\_\_  
Social Security No. or FEIN