

Taxable. If all items are taxable check this box, complete **section 4** and return

Michigan Sales & Use Tax Certificate

DO NOT send to the Department of 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: TYPE OF PURCHASE

A. One-Time Purchase.
Order or Invoice Number: _____

B. **Blanket Certificate**. Recurring Business Relationship
All items purchased are exempt from sales tax.

C. 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

MID-STATES BOLT & SCREW CO.

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. Enter Sales Tax License Number: _____
- For Lease. Enter Use Tax Registration Number: _____

The following exemptions DO NOT require the purchaser to provide a number:

- For Resale at Wholesale.
- Agricultural Production. Enter percentage: _____%
- Industrial Processing. Enter percentage: _____%
- 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 Organization (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.
- 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.

Business Name		Type of Business (see codes 1-16 below)	
Business Address		City, State, ZIP Code	
Business Telephone Number (include area code)		Name (Print or Type)	
Signature and Title		Date Signed	

SECTION 4: Use the number that describes your business or explain any other business type not provided.

01 Accommodations	05 Government	09 Transportation	13 Non-Profit Hospital
02 Agricultural	06 Rental or leasing	10 Utilities	14 Non-Profit Educational
03 Construction	07 Retail	11 Wholesale	15 Non-Profit 501(c)(3) or 501 (c)(4)
04 Manufacturing	08 Church	12 Advertising, newspaper	16 Other