

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 _____ 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 Tax Number Required
- For Lease - Use Tax Registration Number: _____
- Agricultural Production _____% - No Tax Number Required (Describe): _____
- Industrial Processing _____% - No Tax 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)
- Multiple Points of Use (claim ONLY for electronically delivered software - purchaser assumes tax payment obligation)
- 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.

KENT COUNTY FISCAL SERVICES
PURCHASING DIVISION

COUNTY ADMIN BLDG., 300 MONROE AVE NW

Purchaser

Street Address

616/632-7720

GRAND RAPIDS, MI

49503-2289

Area Code / Telephone No.

City

State

Zip Code

PURCHASING MANAGER

June 16, 2009

Signature and Title

Date Signed

JON DENHOF

FEIN: 38-6004862

Name (Print or Type)

Form **637**
 (Rev. July 1973)
 Department of the Treasury
 Internal Revenue Service

**Registration for Tax-Free Transactions
 Under Chapter 32 of the Internal Revenue Code**

This Application Should Also Be Used by Producers and Importers
 of Gasoline and Manufacturers of Lubricating Oil

For District Director's Use Only

No. 38 75 0005 K

Please type or print	Name of individual, corporation, partnership, association, etc. County of Kent	Social Security or Employer Identification Number 38-6004862
	Name under which business is operated Kent County Purchasing Department	Will you be required to file Form 720? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Business address (Number and street) 300 Monroe Ave., N.W.	File this application in duplicate with your District Director of Internal Revenue. See the instructions on pages 2 and 4.
	City, State, and ZIP code Grand Rapids, Michigan 49502	

Application is hereby made for a Certificate of Registry in the name(s) indicated above. The applicant is a:
 Manufacturer Producer Importer Wholesaler Jobber Selling or Purchasing (specify type of product) **All purchases**
 Retailer Other (specify) **Political subdivision of State of Michigan**

The applicant affirms that use of articles purchased or sold tax-free is to be for the exempt purposes specified in the applicable provisions of the law and regulations and understands that misuse of this certificate will lead to its revocation and/or the penalties provided by law.



See item 2 on page 2 and check applicable letter(s). I qualify as a:
 a, b, c, d, e, f, g, h, i, j, k, l, m, and/or n (other—specify) **▶**

Under the penalties of perjury, I declare that I have examined this application and to the best of my knowledge and belief it is true, correct, and complete.

Signature  Title **Purchasing Agent** Date **7/17/01**

District Director's Validation

*A certificate of registry for the above applicant is approved and issued under the number shown.

 District Director of Internal Revenue By  Date **1-7-75**