

Michigan Sales and Use Tax Certificate of Exemption

This exemption claim should be completed by the purchaser, provided to the seller, and is not valid unless the information in all four sections is complete. Do not send a copy to Treasury unless one is requested.

SECTION 1: TYPE OF PURCHASE

Check one of the following:

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

C. Blanket Certificate
Expiration Date (maximum of four years): 01/01/28

B. Blanket Certificate. Recurring Business Relationship

The purchaser completing this form hereby claims exemption from tax on the purchase of tangible personal property or services purchased from the seller named below. This claim is based upon: the purchaser's proposed use of the property or services; OR the purchaser's exempt status.

Seller's Name and Address

SECTION 2: ITEMS COVERED BY THIS CERTIFICATE

Check one of the following:

1. All items purchased.
2. Limited to the following items: _____

SECTION 3: BASIS FOR EXEMPTION CLAIM

Check one of the following:

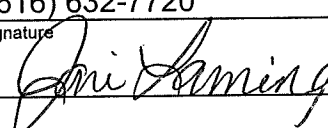
1. For Lease. Purchaser will lease the property and elects to pay tax based on rental receipts. Enter sales tax license or use tax registration number: _____
2. For Resale at Retail. Enter Sales Tax License Number: _____
3. Direct Pay - Authorized to pay use tax on qualified transactions directly to Michigan Treasury under account number: _____

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

4. Agricultural Production. Enter percentage: _____%
5. Government Entity (U.S. or its instrumentalities, State of Michigan or its political subdivisions), Nonprofit School, Nonprofit Hospital, Church or House of Religious Worship (circle type of organization)
6. Contractor (provide *Michigan Sales and Use Tax Contractor Eligibility Statement* (Form 3520)).
7. For Resale at Wholesale.
8. Industrial Processing. Enter percentage: _____%
9. Nonprofit Internal Revenue Code Section 501(c)(3), 501(c)(4), or 501(c)(19) Exempt Organization.
10. Nonprofit Organization with an authorized letter issued by Michigan Department of Treasury prior to July 17, 1998 (sales tax) or June 13, 1994 (use tax).
11. Rolling Stock purchased by an Interstate Motor Carrier.
12. 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 County of Kent		Type of Business (see codes on page 2) 05
Business Address 300 Monroe Avenue, NW		City, State, ZIP Code Grand Rapids, MI 49503
Business Telephone Number (include area code) (616) 632-7720		Name (Print or Type) Joni Laming
Signature 	Title Purchasing Manager	Date Signed 4/3/2024

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 *[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.

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