



## Sales Tax Exemption Certificate Multi - Jurisdiction

See page 2 for instructions

Last Name or Business Name		First Name		Middle Initial
Address				
City			State	ZIP
<b>I Certify That</b>				
Name of Firm (Buyer)				
Address				
City			State	ZIP
<b>Qualifies As (Check each applicable item)</b>				
<input type="checkbox"/> Wholesaler		<input type="checkbox"/> Retailer		<input type="checkbox"/> Manufacturer
<input type="checkbox"/> Political Subdivision or Governmental Agency		<input type="checkbox"/> Charitable or Religious		
		<input type="checkbox"/> Other (Specify)		
If Other, specify here				
<p><b>1)</b> and is registered with the below listed states and cities within which your firm would deliver purchases to us which are for resale or lease by us in the normal course of our business which is <input style="width: 150px;" type="text"/> or</p> <p><b>2)</b> that such purchases are exempt from payment of sales or use tax in such states and cities because our buyer is:</p>				
<input type="checkbox"/> Political Subdivision or Governmental Agency		<input type="checkbox"/> Charitable or Religious		<input type="checkbox"/> Otherwise Exempt By Statute (Specify)
If Otherwise Exempt By Statute, specify here				
City or State	State Registration or ID Number	City or State	State Registration or ID Number	
City or State	State Registration or ID Number	City or State	State Registration or ID Number	
City or State	State Registration or ID Number	City or State	State Registration or ID Number	
<p><b>If the list of states and cities is more than six(6), attach a list to this certificate.</b></p> <p>I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Sale or Use Tax we will pay the tax due direct to proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be called until canceled by us in writing or revoked by the city or state.</p>				
General Description of products to be purchased from seller				
Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.				
Authorized Signature (owner, Partner or Corporate Officer)			Title	Date (MM/DD/YY)



# Standard Municipal Home Rule Affidavit of Exempt Sale

This form is provided by home rule municipalities within the State of Colorado to record supporting information for any transaction on which an exemption from tax is claimed. The form is maintained by the seller for tax-exempt sales.

**Furnish this form to the seller. Do not return this form to the taxing jurisdiction.**

## Purchase Details

Purchase for resale - or -  Purchase for wholesale (Qualifications may vary by jurisdiction - see instructions)

State license number (not FEIN number): \_\_\_\_\_ Expiration: \_\_\_\_\_

Local license number (if applicable): \_\_\_\_\_ Issuing municipality: \_\_\_\_\_

I affirm items purchased are for resale/wholesale in the ordinary course of business. Initial: \_\_\_\_\_

Purchase by charitable organization (Exemptions may vary by jurisdiction)

State tax-exempt number (not FEIN number): \_\_\_\_\_

Local tax-exempt number (if applicable): \_\_\_\_\_ Issuing municipality: \_\_\_\_\_

Payment information (required to meet one of the following):

Paid by cash and accompanied by a purchase order from the organization

Paid by check drawn on funds of the exempt organization

Paid by purchasing card bearing information of the exempt organization

The embossed name of the card is: \_\_\_\_\_

Paid by commercial card not a personal credit card - card's last four digits: \_\_\_\_\_

Purchase for federal, state, or local government

Credit card number (first six and last four only): \_\_\_\_\_ - \_\_\_\_\_ XX-XXXX- \_\_\_\_\_

Federal government (payment information - required to meet one of the following):

GSA SmartPay2 card - fleet card with picture of a road and flag

GSA SmartPay2 card - purchase card with picture of a keyboard and flag

GSA SmartPay2 card - travel card with picture of an airplane and flag

GSA SmartPay2 card - integrated card with picture of an eagle and flag

Dept of Interior agency issued card - agency name: \_\_\_\_\_

State and local government (payment information - required to meet one of the following):

Paid by cash and accompanied by purchase order issued by the government agency

Paid by check issued by and drawn on funds from the government agency

Paid by government purchase card as designated on the card

State tax-exempt number printed on the card (Colorado only): \_\_\_\_\_

Check if the card states "for official state use only" or "tax exempt"

Purchase for foreign and diplomatic exemptions (required to meet the following):

Purchaser presents a state department issued card with the name/photo of the bearer on the card.

If presented with this card, documentation of form of payment is not required (excluding mission card).

Other qualified exemption

Nature of exemption: \_\_\_\_\_

Exempt number: \_\_\_\_\_

## Purchaser Information

Legal Name of Company/Organization/Agency Name	Purchaser Name (Printed)
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Address	City	State	Zip + 4
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Phone	State / Driver License #	Description of Normal Course of Business
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Under penalty of perjury, I swear or affirm that the information on this form is true and correct as to every material matter. I affirm that the items purchased tax-exempt will be used for official business of the above-named organization or agency. I accept that I remain directly liable for the taxes and any applicable penalty or interest if my purchase is found to not qualify for the exemption or if the information asserted in this form is deemed fraudulent.

Signature	Date
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## Seller Verification

Seller Name	Location #	Date	Transaction ID	Employee ID# / Initials
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Description of items Purchased or Attach Duplicate Receipt/Invoice	Exempted Amount of Purchase
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# Affidavit of Exempt Event

This form is used by Denver exempt organizations to claim exemption from Denver sales, use or lodger's tax for an event held at a Denver hotel, motel or other event venue. The vendor (hotel, motel or restaurant) is required to maintain a completed form for each tax-exempt sale pertaining to the stated event.

Furnish this form to the seller. Retain this completed form for your records.  
**DO NOT RETURN TO THE DENVER TREASURY DIVISION UNLESS REQUESTED.**

### Organization/Agency Information

Legal Name of Organization or Agency \_\_\_\_\_ Website \_\_\_\_\_  
Authorized Representative \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Event Information

Name of Event \_\_\_\_\_ Date of Event \_\_\_\_\_  
Description of Event \_\_\_\_\_

### Exemption Information

The exemption does not apply to food, beverage or lodging where the recipient of the food, beverage or lodging reimburses the organization in any way, such as by the purchase of a ticket, payment of a fee, or making an involuntary contribution.

Basis of Exemption  Charitable  Governmental

#### ALL OF THE STATEMENTS BELOW MUST BE TRUE FOR THE PURCHASE TO QUALIFY FOR TAX EXEMPTION

Indicate if all of the following statements are true for this event:

- Yes  No The purchase is included under, and is part of, the regular charitable functions and activities of the organization, or is purchased in a governmental capacity.
- Yes  No The transaction is billed directly to the organization and payment is made directly from organization funds. (Purchases of food or lodging by individuals do not qualify for the exemption even though the individual will be reimbursed by the organization or government.)
- Yes  No The participants at the event have not and will not reimburse the organization in any way for the event such as by purchase of a ticket, payment of a registration fee, or by making an involuntary contribution.

### Purchaser Information

Under penalty of perjury, I swear or affirm that the information on this form is true and correct as to every material matter. I affirm that the items purchased tax-exempt will be used for official business of the above-named organization or agency. I accept that I remain directly liable for the taxes and any applicable penalty or interest if my purchase is found to not qualify for the exemption or if the information asserted in this form is deemed fraudulent.

Purchaser's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

#### For Use by Hotel/Motel/Restaurant or Other Vendor to Verify Exemption

This form should be completed in its entirety and retained, together with a completed "Standard Municipal Home Rule Affidavit of Exempt Sale" form and customer's letter of Denver exemption (issued to charitable organizations) for a minimum of four years to assist in documenting an exempt transaction.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Denver Exemption Verified By \_\_\_\_\_  
(Employee's Printed Name)