SSI SAFETY Services INCORPORATED

Michigan Sales and Use Tax Certificate of Exemption

PLEASE FILL OUT AND FAX TO 269-382-6414

Michigan Sales and Use Tax Certificate of Exemption

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 **SAFETY SERVICES, INC.** (Vendor's Name) and certifies 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.

Purchaser _____ Street Address _____

Area Code / Telephone No. _____ City _____ State _____ Zip Code _____

Signature and Title _____ Date Signed _____

Name (Print or Type) _____

Michigan Department of Treasury
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www.michigan.gov/treasury