Once completed, please fax to 614-659-1679
or email to SalesTax-NA@covetrus.com

Account #_____

Rev. 6/09

Massachusetts Department of Revenue

Form ST-5
Sales Tax Exempt Purchaser Certificate

Part 1. Exempt taxpayer information. To be completed by exempt government or 501(c)(3) organization.

Name

Address

City State Zip

Exemption number

Issue date Date of expiration of certificate

Certification is hereby made that the organization named above is an exempt purchaser under Massachusetts General Laws, Chapter 64H, sections 6(d) or 6(e). All purchases of tangible personal property or services by this organization are exempt from taxation under said chapter to the extent that such property or services are used in the conduct of the business of the purchaser. Any abuse or misuse of this certificate by any tax-exempt organization or any unauthorized use of this certificate by any individual constitutes a serious violation and will lead to revocation.

Signature Title Date

Warning: Willful misuse of this certificate may result in criminal tax evasion sanctions of up to one year in prison and $10,000 ($50,000 for corporations) in fines.

Part 2. Agent information. To be completed by agent of exempt government or 501(c)(3) organization.

Name of agent's organization

Address

City State Zip

Agent's name

Address

City State Zip

I certify that in making this purchase, I am acting as an agent for the exempt organization named above (select one):

☐ Government organization (local public school, city/town government, state agency, etc.).
Attach Form ST-2, if available. If Form ST-2 is not available, enter exemption number, if known: _____

☐ 501(c)(3) organization (parochial school, Scout troop, etc.). Form ST-2 must be attached.

Signature Title Date

Part 3. Vendor information

Vendor's name

Butler Animal Health Supply, LLC DBA Covetrus North America

Check applicable box:

■ ☐ Single purchase certificate (attach detailed receipts or complete Part 4, on reverse)

☐ Blanket certificate

Account #_____

Please check the items that you do not want to be taxed when purchased from Covetrus North America.

Companion Animal

- ☐ Pet Supplies (ex. toys, collars, leashes)
- ☐ Prescription Diets
- ☐ Non-Prescription Diets
- ☐ E-Collars
- ☐ Vitamins/Supplements/Nutraceuticals
- ☐ Non Prescription Flea & Tick (ex. Frontline)
- ☐ Insulin Syringes
- ☐ Non Prescription Dispensed Drugs
- ☐ Prescription Dispensed Drugs
- ☐ Non Prescription Injectable Drugs
- ☐ Prescription Injectable Drugs
- ☐ Vaccines
- ☐ Prescription Flea & Tick (ex. Comfortis)
- ☐ Diabetic Supplies (ex. meters, test strips, etc…)

Large Animal

- ☐ Non Prescription Dispensed Drugs
- ☐ Prescription Dispensed Drugs
- ☐ Non Prescription Injectable Drugs
- ☐ Prescription Injectable Drugs
- ☐ Vaccines

Equine

- ☐ Non Prescription Dispensed Drugs
- ☐ Prescription Dispensed Drugs
- ☐ Non Prescription Injectable Drugs
- ☐ Prescription Injectable Drugs
- ☐ Vaccines

General

- ☐ Syringes & Needles
- ☐ Dispensing Supplies (ex. bottle, caps, labels)
- ☐ Clinic Supplies (ex. cleaners, gloves, scrubs)
- ☐ Tools
- ☐ Administration Devices (ex. IV sets, catheters)
- ☐ Medical Supplies (ex. gauze, tape, bandages)
- ☐ Diagnostic Kits
- ☐ Equipment

I understand that items that I use or administer in my practice are considered consumed by me and tax is due at the time of purchase. I certify that I may resell in their same form any/all items that I have indicated above or cannot, at the time of purchase, identify if I will use, use in an exempt manner, or resell the products I purchase. Accordingly, please do not tax me on any items indicated. If any additional tax is due, I will pay the tax directly to the jurisdiction or contact Covetrus North America to bill me the additional tax.

Signature_____ Date_____