

## Michigan Sales and Use Tax Certificate of Exemption

**DO NOT send to the Department of Treasury. Certificate must be retained in the Seller's Records.**

This certificate is invalid unless all four sections are completed by the purchaser.

### SECTION 1: TYPE OF PURCHASE

☐ One-time purchase.

☐ Blanket certificate. Recurring business relationship.

Order or Invoice Number: \_\_\_\_\_

The purchaser hereby claims exemption on the purchase of tangible personal property and selected services made from the vendor listed below. This certifies that this claim is based upon the purchaser's proposed use of the items or services, OR the status of the purchaser.

Vendor'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 Resale at Retail. Enter Sales Tax License Number: \_\_\_\_\_

2. ☐ For Lease. Enter Use Tax Registration Number: \_\_\_\_\_

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

3. ☐ For resale at wholesale

4. ☐ Agricultural Production. Enter percentage: \_\_\_\_\_%

5. ☐ Industrial Processing. Enter percentage: \_\_\_\_\_%

6. ☐ Church, Government Entity, Nonprofit School, or Nonprofit Hospital (Circle type of organization)

7. ☐ Nonprofit Internal Revenue Code Section 501(c)(3) or 501(c)(4) Exempt Organization (must provide IRS authorized letter with this form)

8. ☐ Nonprofit Organization with an authorized letter issued by the Michigan Department of Treasury prior to June 1994 (must provide copy of letter with this form)

9. ☐ Rolling Stock purchased by an Interstate Motor Carrier

10. ☐ 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.*

Type of Business (see codes on page 2)	Business Name
Business Address	City, State, ZIP Code
Business Telephone Number (include area code)	Name (Print or Type)
Signature and Title	Date Signed

## Instructions for completing Michigan Sales and Use Tax Certificate of Exemption

The purchaser shall complete all four sections of the exemption certificate to establish a valid exemption claim. A seller must meet a "good faith" standard required by law. "Good faith" means that the seller received a completed and signed Certificate of Exemption from the purchaser. Sellers must retain the exemption certificates for a period of at least four years.

Michigan does not issue "tax exemption numbers". Sellers should not accept a number as evidence of exemption from sales or use tax. A purchaser who claims exemption for "resale at retail" or "for lease" must provide the seller with an exemption certificate and their sales tax license number or use tax registration number.

### SECTION 1:

Place a check in the box that describes how you will use this certificate.

- a) Choose "One time purchase" and include the invoice number this certificate covers.
- b) Choose "Blanket Certificate" when there is a recurring business relationship. A "recurring business relationship" exists when a period of not more than 12 months elapses between sales transactions between the seller and purchaser.

Print the vendor's name and address in the area provided.

### SECTION 2:

Place a check in the box for "All items purchased" or choose "Limited to" and list the items that are covered by the exemption claim.

### SECTION 3:

Place a check in the box that applies and provide the additional information requested for that exemption. The exemptions listed are the most common. If the exemption you are claiming is not listed use "Other" and enter the qualifying exemption.

### SECTION 4:

Use the number that describes your business or explain any other business type not provided.

01	Accommodation	09	Transportation
02	Agricultural	10	Utilities
03	Construction	11	Wholesale
04	Manufacturing	12	Advertising, newspaper
05	Government	13	Hospital
06	Rental or leasing	14	Educational
07	Retail	15	501c3 or 501c4
08	Church	16	Other

Print the name of the business, address, city, state and zip code. Sign and provide your title (i.e. owner, president, treasurer, etc.). Provide your printed name and date the certificate.

**DO NOT SEND THIS EXEMPTION CERTIFICATE TO THE DEPARTMENT OF TREASURY.**



Account # \_\_\_\_\_

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

Companion Animal

- |   |  |
|---|--|
| <input type="checkbox"/> Pet Supplies (ex. toys, collars, leashes)    | <input type="checkbox"/> Non Prescription Dispensed Drugs                    |
| <input type="checkbox"/> Prescription Diets                           | <input type="checkbox"/> Prescription Dispensed Drugs                        |
| <input type="checkbox"/> Non-Prescription Diets                       | <input type="checkbox"/> Non Prescription Injectable Drugs                   |
| <input type="checkbox"/> E-Collars                                    | <input type="checkbox"/> Prescription Injectable Drugs                       |
| <input type="checkbox"/> Vitamins/Supplements/Nutraceuticals          | <input type="checkbox"/> Vaccines  |
| <input type="checkbox"/> Non Prescription Flea & Tick (ex. Frontline) | <input type="checkbox"/> Prescription Flea & Tick (ex. Comfortis)            |
| <input type="checkbox"/> Insulin Syringes                             | <input type="checkbox"/> 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

- |   |  |
|---|--|
| <input type="checkbox"/> Syringes & Needles                             | <input type="checkbox"/> Administration Devices (ex. IV sets, catheters) |
| <input type="checkbox"/> Dispensing Supplies (ex. bottle, caps, labels) | <input type="checkbox"/> Medical Supplies (ex. gauze, tape, bandages)    |
| <input type="checkbox"/> Clinic Supplies (ex. cleaners, gloves, scrubs) | <input type="checkbox"/> Diagnostic Kits                                 |
| <input type="checkbox"/> Tools  | <input type="checkbox"/> 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 \_\_\_\_\_