

	Vermont Sales Tax Exemption Certificate for <b>RESALE AND EXEMPT ORGANIZATIONS</b> 32 V.S.A. §9701(5); §9743(1)-(3)	<b>Form S-3</b>

To be filed with the ***SELLER***, not with the VT Department of Taxes.

- ☐ Single Purchase - Enter Purchase Price \$ \_\_\_\_\_
- ☐ Multiple Purchase (effective for subsequent purchases.)

<b>BUYER</b>	Buyer's Name		Federal ID Number	
	Trading as			
	Address			
	City		State	Zip
	Buyer's Primary Business			

<b>SELLER</b>	Seller's Name		
	Address		
	City	State	Zip

<b>EXEMPTION CLAIMED</b>	<b>A Description</b> Description of purchased articles: _____ _____ _____
	<b>B Basis for Exemption</b> <input type="checkbox"/> For resale/wholesale. Vermont Account Number: _____ <input type="checkbox"/> Purchase by 501(c)(3) organization which is religious, educational, or scientific. Vermont Account Number: _____ <input type="checkbox"/> Direct payment by Federal or Vermont governmental unit <input type="checkbox"/> Purchase by volunteer fire department, ambulance company, rescue squad (Registration is not required.)

I certify that, to the best of my knowledge and belief, the statements provided here are true and correct.



\_\_\_\_\_  
Signature of Buyer or Authorized Agent

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## INSTRUCTIONS FOR USE OF RESALE CERTIFICATE OF EXEMPTION (Form S-3)

1. This certificate does not apply to contractors. Materials used in construction are not considered as being for resale. The contractors pay use tax on materials incorporated into real estate. When they contract with an exempt organization to repair, build or alter real estate, the contractors must use Form S-3C for exempt purchases. Also, manufacturers, publishers, research and development establishments (S-3M); persons buying fuel for combined home/business premises and for farm use (S-3F); farmers (S-3A) must use the exemption certificate listed in parenthesis for their exempt purchases.
2. Civic, social, recreational, and business league organizations are not 501(c)(3) organizations. Exemption applies only to 501(c)(3) organizations which are religious, educational, or scientific.
3. **GOOD FAITH** - A seller who accepts an exemption certificate in "good faith" is relieved of liability for collection or of tax upon transactions covered by the certificate. The question of "good faith" is one of fact and depends upon a consideration of all the conditions surrounding the transaction. A seller is presumed to be familiar with the law and the regulations pertinent to the business in which he deals.

In order for "good faith" to be established, the following conditions must be met:

- (a) The certificate must contain no statement or entry which the seller knows or has reason to know, is false or misleading.
  - (b) The certificate is on Form S-3 or a form with substantially identical language.
  - (c) The certificate must be dated and complete and in accordance with the published instructions.
  - (d) The Vermont certificate number is provided where applicable. NOTE: Vermont does not register the Volunteer Fire Departments and others listed.
  - (e) The property to be purchased is of a type ordinarily used by the buyer for the purpose described on the certificate.
  - (f) The buyer's certificate must be issued prior to or at the time of the purchase of property.
4. **IMPROPER CERTIFICATE/LACK OF CERTIFICATE** - Sales transactions which are not supported by properly executed exemption certificates shall be deemed to be taxable retail sales. The burden of proof that the tax was not required to be collected is upon the SELLER.
  5. **RETENTION OF CERTIFICATES** - Certificates must be retained by the seller for at least three years from the date of the last sale covered by the certificate.
  6. **ADDITIONAL PURCHASES BY SAME BUYER** If the buyer has this as a Multiple Purchase certificate, the certificate covers additional purchases of the same type of property. For each subsequent purchase, the seller must show sufficient identifying information on the sales slip to trace the purchase to the exemption certificate on file.



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 \_\_\_\_\_