

Certificate of Exemption

Purchaser: Complete this certificate and **give it to the seller.**

Seller: If this certificate is not fully completed, you must charge sales tax. Keep this certificate as part of your records.

This is a blanket certificate, unless one of the boxes below is checked, and remains in force as long as the purchaser continues making purchases, or until otherwise cancelled by the purchaser.

- Check if this certificate is for a single purchase and enter the related invoice/purchase order # _____.
- If you are a contractor and have a purchasing agent agreement with an exempt organization, check the box to make multiple purchases for a specific job. Enter the exempt entity name and specific project:
 Exempt entity name _____ Project description _____

Type or print

Name of purchaser
ANOKA COUNTY

Business address 2100 THIRD AVE	City ANOKA	State MN	Zip code 55303
Purchaser's tax ID number 8026263	State of issue MINNESOTA		

If no tax ID number, FEIN Driver's license number/State issued ID number
 enter one of the following: state of issue number

Name of seller from whom you are purchasing, leasing or renting _____

Seller's address _____	City _____	State _____	Zip code _____
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Type of business

Type of business.

- | | |
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| <ul style="list-style-type: none"> <input type="checkbox"/> 01 Accommodation and food services <input type="checkbox"/> 02 Agricultural, forestry, fishing, hunting <input type="checkbox"/> 03 Construction <input type="checkbox"/> 04 Finance and insurance <input type="checkbox"/> 05 Information, publishing and communications <input type="checkbox"/> 06 Manufacturing <input type="checkbox"/> 07 Mining <input type="checkbox"/> 08 Real estate <input type="checkbox"/> 09 Rental and leasing <input type="checkbox"/> 10 Retail trade | <ul style="list-style-type: none"> <input type="checkbox"/> 11 Transportation and warehousing <input type="checkbox"/> 12 Utilities <input type="checkbox"/> 13 Wholesale trade <input type="checkbox"/> 14 Business services <input type="checkbox"/> 15 Professional services <input type="checkbox"/> 16 Education and health-care services <input type="checkbox"/> 17 Nonprofit organization <input checked="" type="checkbox"/> 18 Government <input type="checkbox"/> 19 Not a business (explain) _____ <input type="checkbox"/> 20 Other (explain) _____ |
|--|--|

Reason for exemption

Reason for exemption.

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> A Federal government (department) _____ <input checked="" type="checkbox"/> B Specific government exemption (from list on back)
LOCAL GOVERNMENT <input type="checkbox"/> C Tribal government (name) _____ <input type="checkbox"/> D Foreign diplomat # _____ <input type="checkbox"/> E Charitable organization # _____ <input type="checkbox"/> F Educational organization # _____ <input type="checkbox"/> G Religious organization # _____ <input type="checkbox"/> H Resale <input type="checkbox"/> I Capital Equipment | <ul style="list-style-type: none"> <input type="checkbox"/> J Agricultural production <input type="checkbox"/> K Industrial production/manufacturing <input type="checkbox"/> L Direct pay authorization <input type="checkbox"/> M Multiple points of use (services, digital goods, or computer software delivered electronically) <input type="checkbox"/> N Direct mail <input type="checkbox"/> O Other (enter number from back page) _____ <input type="checkbox"/> P Percentage exemption <ul style="list-style-type: none"> <input type="checkbox"/> Advertising (enter percentage) _____ % <input type="checkbox"/> Utilities (enter percentage) _____ % <input type="checkbox"/> Electricity (enter percentage) _____ % |
|--|---|

Sign here

I declare that the information on this certificate is correct and complete to the best of my knowledge and belief. (PENALTY: If you try to evade paying sales tax by using an exemption certificate for items or services that will be used for purposes other than those being claimed, you may be fined \$100 under Minnesota law for each transaction for which the certificate is used.)

Signature of authorized purchaser 	Print name here TANYA SLOAN	Title ACCOUNTANT II	Date 1/1/2017
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