**Tax Exemption Certificate**

#### **Entity Information**

**Legal Name: \_\_\_\_\_\_\_\_\_\_
Tax ID Number: \_\_\_\_\_\_\_\_\_\_
Business Address: \_\_\_\_\_\_\_\_\_\_
Authorized Contact: \_\_\_\_\_\_\_\_\_\_
Phone: \_\_\_\_\_\_\_\_\_\_**

#### **Exemption Classification**

| **Exemption Type** | **Yes** | **No** | **Details** |
| --- | --- | --- | --- |
| **Government Entity** | **☐** | **☐** |  |
| **Educational Institution** | **☐** | **☐** |  |
| **Charitable Organization** | **☐** | **☐** |  |
| **Manufacturing Business** | **☐** | **☐** |  |
| **Religious Institution** | **☐** | **☐** |  |

#### **Statement of Understanding**

**I confirm that the exemption claim complies with tax laws and any false information may lead to legal consequences.**

**Authorized Representative Signature: \_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_**

**Tax Authority Representative: \_\_\_\_\_\_\_\_\_\_
Signature: \_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_**