

Tax Exemption Certificate

Entity Information

Legal Name: _____

Tax ID Number: _____

Business Address: _____

Authorized Contact: _____

Phone: _____

Exemption Classification

Exemption Type	Yes	No	Details
Government Entity	<input type="checkbox"/>	<input type="checkbox"/>	
Educational Institution	<input type="checkbox"/>	<input type="checkbox"/>	
Charitable Organization	<input type="checkbox"/>	<input type="checkbox"/>	
Manufacturing Business	<input type="checkbox"/>	<input type="checkbox"/>	
Religious Institution	<input type="checkbox"/>	<input type="checkbox"/>	

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: _____