**Tax Exemption Form for Business**

#### **Business Information**

**Company Name: \_\_\_\_\_\_\_\_\_\_
Business Type: \_\_\_\_\_\_\_\_\_\_
Employer Identification Number (EIN): \_\_\_\_\_\_\_\_\_\_
Business Address: \_\_\_\_\_\_\_\_\_\_
Contact Person: \_\_\_\_\_\_\_\_\_\_
Phone Number: \_\_\_\_\_\_\_\_\_\_**

#### **Exemption Qualification**

**Reason for Exemption:**

| **Criteria** | **Yes** | **No** | **Notes** |
| --- | --- | --- | --- |
| **Registered as a Non-Profit** | **☐** | **☐** |  |
| **Holds a Valid Tax ID** | **☐** | **☐** |  |
| **Meets State Exemption Laws** | **☐** | **☐** |  |
| **Provides Supporting Documents** | **☐** | **☐** |  |
| **Previously Approved for Exemption** | **☐** | **☐** |  |

#### **Certification Statement**

**I certify that my business qualifies for tax exemption under applicable laws and regulations.**

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

**Tax Official Signature: \_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_**