



## Sales Tax Exemption Certificate Multi - Jurisdiction

See page 2 for instructions

Last Name or Business Name	First Name	Middle Initial
Address		
City	State	ZIP

**I Certify That**

Name of Firm (Buyer) TRUSTEES OF TUFTS COLLEGE		
Address 169 HOLLAND STREET, ATTN: TAX DEPT.		
City SOMERVILLE	State MA	ZIP 02144

**Qualifies As (Check each applicable item)**

- Wholesaler                     
  Retailer                     
  Manufacturer                     
  Charitable or Religious  
 Political Subdivision or Governmental Agency                     
  Other (Specify)

If Other, specify here

**1) and is registered with the below listed states and cities within which your firm would deliver purchases to us**  
 which are for resale or lease by us in the normal course of our business which is  or

**2) that such purchases are exempt from payment of sales or use tax in such states and cities because our buyer is:**

- Political Subdivision or Governmental Agency   
  Charitable or Religious   
  Otherwise Exempt By Statute (Specify)

If Otherwise Exempt By Statute, specify here

City or State	State Registration or ID Number	City or State	State Registration or ID Number

**If the list of states and cities is more than six(6), attach a list to this certificate.**

I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Sale or Use Tax we will pay the tax due direct to proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be called until canceled by us in writing or revoked by the city or state.

General Description of products to be purchased from seller

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature (owner, Partner or Corporate Officer) 	Title VP FINANCE & TREASURER	Date (MM/DD/YY) 
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