

## Michigan Sales and Use Tax Certificate of Exemption

**DO NOT send to the Department of Treasury. Certificate must be retained in the seller's records.** This certificate is invalid unless all four sections are completed by the purchaser.

### SECTION 1: TYPE OF PURCHASE

- A. One-Time Purchase  
Order or Invoice Number: \_\_\_\_\_
- B. Blanket Certificate, Recurring Business Relationship
- C. Blanket Certificate  
Expiration Date (maximum of four years): \_\_\_\_\_

The purchaser hereby claims exemption on the purchase of tangible personal property and selected services made from the vendor listed below. This certifies that this claim is based upon the purchaser's proposed use of the items or services, OR the status of the purchaser.

Vendor's Name and Address
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### SECTION 2: ITEMS COVERED BY THIS CERTIFICATE

Check one of the following:

1.  All items purchased.
2.  Limited to the following items: \_\_\_\_\_

### SECTION 3: BASIS FOR EXEMPTION CLAIM

Check one of the following:

1.  For Resale at Retail. Enter Sales Tax License Number: \_\_\_\_\_
2.  For Lease. Enter Use Tax Registration Number: \_\_\_\_\_

The following exemptions DO NOT require the purchaser to provide a number:

3.  For Resale at Wholesale.
4.  Agricultural Production. Enter percentage: \_\_\_\_\_%
5.  Industrial Processing. Enter percentage: \_\_\_\_\_%
6.  Church, Government Entity, Nonprofit School, or Nonprofit Hospital (Circle type of organization).
7.  Nonprofit Internal Revenue Code Section 501(c)(3) or 501(c)(4) Exempt Organization (must provide IRS authorized letter with this form).
8.  Nonprofit Organization with an authorized letter issued by the Michigan Department of Treasury prior to June 1994 (must provide copy of letter with this form).
9.  Rolling Stock purchased by an Interstate Motor Carrier.
10.  Other (explain): \_\_\_\_\_

### SECTION 4: CERTIFICATION

*I declare, under penalty of perjury, that the information on this certificate is true, that I have consulted the statutes, administrative rules and other sources of law applicable to my exemption, and that I have exercised reasonable care in assuring that my claim of exemption is valid under Michigan law. In the event this claim is disallowed, I accept full responsibility for the payment of tax, penalty and any accrued interest, including, if necessary, reimbursement to the vendor for tax and accrued interest.*

Business Name <b>University of Utah</b>		Type of Business (see codes on page 2) <b>14, 15</b>
Business Address <b>201 S Presidents Circle Rm 411</b>		City, State, ZIP Code <b>Salt Lake City, Utah 84112</b>
Business Telephone Number (include area code) <b>(801) 581-6699</b>		Name (Print or Type) <b>Robert G Schirmer</b>
Signature and Title <i>Robert G Schirmer CPA Tax Manager</i>		Date Signed <b>03/31/14</b>

INTERNAL REVENUE SERVICE  
1100 COMMERCE STREET  
DALLAS TEX 75242 - 1198

DEPARTMENT OF THE TREASURY  
MAIL CODE 4913 DAL

Date: **1999 August 27**

UNIVERSITY OF UTAH  
c/o Payroll - Glenn Lanham  
201 S. Presidents Circle Room 304  
Salt Lake City UTAH 84112-8952

Employer Identification Number:  
87 - 6000525  
Person To Contact:  
B. J. Andujar  
Contact Telephone Number:  
1-800-829-1040  
Reply Refer To:  
Mail Code 4940 DAL BJ

Dear Sir or Madam,

Our records show that you are exempt from Federal Income Tax under section 501(c)(3) of the Internal Revenue Code. This exemption was granted in November of 1963 and remains in full force and effect.

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(1) and 170 (b)(1)(A)(ii).

Your accounting period ends every June 30.

Donors may deduct contributions to you as provided in section 170 (c) of the Internal Revenue Code.

You are not required to file Form 990 or 990-EZ RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX.

Your letter of exemption states that you should write to us about any change in your purpose or operations or sources of receipts. If you amend your organizing document or your bylaws, be sure to send us a conformed copy. Also notify us of each change in your name or address.

If you have any questions, please contact us as shown in the heading of this letter.

Sincerely,



B. J. Andujar, #75892  
Exempt Organization Specialist