

Standard Home Rule Affidavit of Exempt Sale

This form is required by home rule municipalities within the State of Colorado for any transaction on which an MOUNTAIN VILLAGE exemption from sales and use tax is claimed. The seller is required to maintain a completed form for each tax-exempt sale.

Furnish this form to the seller. Do not return this form to the taxing jurisdiction.

	□ PURCHASE FOR RESALE - OR - □ PURCHASE FOR WHOLESALE (QUALIFICATIONS MAY VARY BY JURISDICTION – SEE INSTRUCTIONS)						
	LOCAL LICENSE NUI	EXPIRATION ISSUING MUNICIPALITY:					
Purchase Details	☐ I AFFIRM ITEMS PURCHASED ARE FOR RESALE/WHOLESALE IN THE ORDINARY COURSE OF BUSINESS. INITIAL						
	☐ DEPT OF INTERIOR AGENCY ISSUED CARD – AGENCY NAME STATE AND LOCAL GOVERNMENT (PAYMENT INFORMATION - REQUIRED TO MEET ONE OF THE FOLLOWING):						
	☐ PAID BY CASH AND ACCOMPANIED BY PURCHASE ORDER ISSUED BY THE GOVERNMENT AGENCY						
	☐ PAID BY CHECK ISSUED BY AND DRAWN ON FUNDS FROM THE GOVERNMENT AGENCY						
	☐ PAID BY GOVERNMENT PURCHASE CARD AS DESIGNATED ON THE CARD STATE TAX EXEMPT NUMBER PRINTED ON THE CARD (COLORADO ONLY):						
	☐ CHECK IF THE CARD STATES "FOR OFFICIAL STATE USE ONLY" OR "TAX EXEMPT"						
	 □ PURCHASE BY FOREIGN AND DIPLOMATIC EXEMPTIONS (REQUIRED TO MEET THE FOLLOWING): □ PURCHASER PRESENTS A STATE DEPARTMENT ISSUED CARD WITH THE NAME/PHOTO OF THE BEARER ON THE CARD. IF PRESENTED WITH THIS CARD, DOCUMENTATION OF FORM OF PAYMENT IS NOT REQUIRED (EXCLUDING MISSION CARD). 						
	☐ OTHER QUALIFIED EXEMPTION TYPE OF EXEMPTION: EXEMPT NUMBER:						
	LEGAL NAME OF COMPANY/ORGANIZATION/AGENCY NAME PURCHASER NAME (PRINTED)						
Purchaser Information							
	ADDRESS			CITY STATE ZIP + 4			
	PHONE STATE / DRIVERS LICENSE #			DESCRIPTION OF NORMAL COURSE OF BUSINESS			
	Under penalty of perjury, I swear or affirm that the information on this form is true and correct as to every material matter. I affirm that the items purchased tax-exempt will be used for official business of the above-named organization or agency. I accept that I remain directly liable for the taxes and any applicable penalty or interest if my purchase is found to not qualify for the exemption or if the information asserted in this form is deemed fraudulent.						
	SIGNATURE DATE						
Seller Verification	SELLER NAME LOCATION #			DATE TRANSACTION ID		ON ID	EMPLOYEE ID# / INITIALS
ır Ve	DESCRIPTION OF ITEMS F	TE RECEIPT/INVOICE EXEMPT			ED AMOUNT OF PURCHASE		
Selle							