

Standard Colorado Affidavit of Exempt Sale

This form is required by the State of Colorado for any transaction on which an exemption from state tax is claimed for charitable and government entities. 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 State of Colorado.**

| Purchase Details | | | | | | | |
|---|--|--|--|--|------------------|--------------------|--|
| □ Purchase for resale - or - □ Purchase for whole State license number (not FEIN number): (Attach a copy of state license) □ I affirm items purchased are for resale/wholesale | | | | Issuing state Expiration | | | |
| ☐ Purchase by religious State tax-exempt num (Attach a copy of state Payment information (☐ Paid by cash and a ☐ Paid by check draw ☐ Paid by purchasing The embossed na ☐ Paid by commercia | ber (not FEIN exemption con (required to reduce to redu | number):ertificate) meet one of to by a purchase the exempt of information of the dis: | the following order from the order from the organization of the exemple. | ng): n the organization n pt organization | rrisdiction) | | |
| ☐ Purchase by federal, s Credit card number (fi Federal government (pi ☐ GSA SmartPay3 ca ☐ GSA SmartPay3 ca ☐ GSA SmartPay3 ca ☐ GSA SmartPay3 ca ☐ Dept of Interior age State and local govern ☐ Paid by check issue ☐ Paid by governmer State tax-exempt ☐ Check if the ca | irst six and la payment info ard – fleet card ard – purchase ard – travel ca ard – integrate ency issued ca ment (paymo ed by and dra nt purchase ca number printe ard states "for | rmation - recommendation - recommendatio | quired to not a road a cture of a keep of an airpricture of armame | eyboard and flag lane and flag lane and flag eagle and flag red to meet one of evernment agency card o only): "tax exempt" | the following): | | |
| ☐ Purchase by foreign and Purchaser presents If presented with the | s a state depa | rtment issued | d card with | | ne bearer on the | | |
| Purchaser Information | | | | | | | |
| Legal Name of Company/Organization/Agency Name Purchaser Name (Printed) | | | | | | | |
| Address | | | City | | State | Zip + 4 | |
| | State/Driver Lice | | | of Normal Course of Bus | | | |
| 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 | Emplo | yee ID# / Initials | |
| Sister Parish Design Inc | | | | | | | |
| Description of Items Purchased or Attach Duplicate Receipt/Invoice Exempted Amount of Purchase fabric, wallpaper, home product | | | | | | | |