

Mississippi General Sales Tax Exemption Affidavit

SELLER

Regina Andrew Design Inc

3113 Biddle Ave Wyandotte, MI 48192

BUYER

Purchaser's type of business. Check the number that best describes your business.

- | | | |
|--|--|--|
| <input type="checkbox"/> 01 Accommodation and food services | <input type="checkbox"/> 08 Real estate | <input type="checkbox"/> 15 Professional services |
| <input type="checkbox"/> 02 Agriculture, forestry, fishing, hunting | <input type="checkbox"/> 09 Rental and leasing | <input type="checkbox"/> 16 Education and health-care services |
| <input type="checkbox"/> 03 Construction | <input type="checkbox"/> 10 Retail trade | <input type="checkbox"/> 17 Nonprofit organization |
| <input type="checkbox"/> 04 Finance and insurance | <input type="checkbox"/> 11 Transportation and warehousing | <input type="checkbox"/> 18 Government |
| <input type="checkbox"/> 05 Information, publishing and communications | <input type="checkbox"/> 12 Utilities | <input type="checkbox"/> 19 Not a business |
| <input type="checkbox"/> 06 Manufacturing | <input type="checkbox"/> 13 Wholesale trade | <input type="checkbox"/> 20 Other (<i>explain</i>) |
| <input type="checkbox"/> 07 Mining | <input type="checkbox"/> 14 Business services | |

Reason for exemption. Circle the letter that identifies the reason for the exemption.

- | | |
|--|--|
| A <input type="checkbox"/> Federal government (<i>Department</i>) _____ | H <input type="checkbox"/> Agricultural Production # _____ |
| B <input type="checkbox"/> State or local government (<i>Name</i>) _____ | I <input type="checkbox"/> Industrial production/manufacturing # _____ |
| C <input type="checkbox"/> Tribal government (<i>Name</i>) _____ | J <input type="checkbox"/> Direct pay permit # _____ |
| D <input type="checkbox"/> Foreign diplomat # _____ | K <input type="checkbox"/> Direct Mail # _____ |
| E <input type="checkbox"/> Charitable organization # _____ | L <input type="checkbox"/> Other (<i>Explain</i>) _____ |
| F <input type="checkbox"/> Religious organization # _____ | |
| G <input type="checkbox"/> Resale # _____ | M <input type="checkbox"/> Educational Organization # _____ |

I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.

Signature of authorized purchaser

Print Name

Title

Date