



Vermont Sales Tax Exemption Certificate  
for

**PURCHASES FOR RESALE AND BY EXEMPT ORGANIZATIONS**

32 V.S.A. § 9701(5); § 9743(1)-(3)

**Form  
S-3**

To be filed with the ***SELLER***, not with the VT Department of Taxes.

- ☐ Single Purchase - Enter Purchase Price \$ \_\_\_\_\_
- ☐ Multiple Purchase (effective for subsequent purchases.)

|   |  |                 |                   |      |
|---|--|-----------------|-------------------|------|
| <b>BUYER</b>  | Buyer's Name   |                 | Federal ID Number |      |
|   | Trading as   |                 |                   |      |
|   | Address  |                 |                   |      |
|   | City   | State           | Zip               |      |
|   | Buyer's Primary Business   |                 |                   |      |
| <b>SELLER</b>   | Seller's Name <b>Regina Andrew Design Inc</b>  |                 |                   |      |
|   | Address <b>3113 Biddle Ave</b>   |                 |                   |      |
|   | City <b>Wyandotte</b>  | State <b>MI</b> | Zip <b>48192</b>  |      |
| <b>EXEMPTION CLAIMED</b>  | <b>Description</b><br>Description of purchased articles:   |                 |                   |      |
|   | <b>Basis for Exemption</b><br><input type="checkbox"/> For resale/wholesale. Vermont Sales & Use Tax Account Number: _____<br><input type="checkbox"/> Purchase by 501(c)(3) organization which is religious, educational, or scientific.<br>Vermont Account Number: _____<br><input type="checkbox"/> Direct payment by Federal or Vermont governmental unit<br><input type="checkbox"/> Purchase by volunteer fire department, ambulance company, rescue squad (Registration is not required.) |                 |                   |      |
| I certify that I have read and complied with the instructions provided with respect to the use of this Exemption Certificate. I further certify that the above statements are true, complete, and correct, and that no material information has been omitted. |  |                 |                   |      |
|   |  | Title           |                   | Date |

This form may be photocopied.

**Form S-3**  
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