Declaration of Wholesale or Entity Sales Tax Exemption

1. Purchaser Information		Licens	License or Exemption Information	
Legal Name STATE OF WEST VIRGINIA		Sales Ta	x License or Exemption Number	
Trade Name (if different) WEST VIRGINIA UNIVERSITY		State	Expiration Date	
Mailing Address ONE WATERFRONT PLACE PO BOX 6005		Phone N N/A; E	lumber MAIL TAX@MAIL.WVU.EDU	
City MORGANTOWN		State WV	ZIP Code 26506	
2. Wholesale Exemption. Mark the type of exemption, and describe your ordinary course of business.				
☐ Purchase for Resale			duct(s) manufactured and/or sold:	
Manufacturing - Mark one of the following:				
☐ Ingredients or Component Parts				
Machinery, Machine Tools, and Parts				
Testing, Modification, or Inspection				
3. Entity Exemption. Enter a and b as required.				
a. Mark the type of entity.				
	501(c)(19) Veterans' Organization			
U.S. or Colorado State or Local Government	Affordable Housing Project			
☐ Tribe or Member – For sales on or delivered to a Colorado reservation. Mark the type of qualifying purchaser:				
☐ Tribal Government ☐ Enrolled Tribal Member				
☐ Entity owned by tribe or member – Enter the total tribal ownership percentage:				
b. Mark the type of qualifying payment, unless the exemption is for a tribal member or entity owned by a tribe or member.				
Purchase Authorization to be paid later				
Cash with a purchase order from the entity	Check i	ssued by the entit	y	
U.S. Government GSA SmartPay3 Card	Colorado State or Local Government Credit Card			
Non-Government Credit Card bearing the entity name or branded for commercial use				
4. Other Exemption. Describe the exemption claimed and how your purchase qualifies.				
Exemption Claimed	Qualifications			
OUT OF STATE CHARITABLE ORGANIZATION, EDUCATIONAL ORGANIZATION	EXEMPT ORGANIZATION IN HOME STATE MEETING CHARITABLE ORGANIZATION REQUIREMENTS FOR STATE OF COLORADO			
5. Purchaser Signature				
I declare that the purchases I make using this form qualify for exemption from Colorado sales and use taxes as entered above, and that I am the purchaser or have the authority to execute this form on behalf of the purchaser.				
Printed Name		Title		
MELISSA HUNT		DIRECTOR, TAX SERVICES Dateg(MM/DD/YY)		
Signature D. Munt			1/2/2025	