

Declaration of Wholesale or Entity Sales Tax Exemption

1. Purchaser Information		License or Exemption Information	
Legal Name STATE OF WEST VIRGINIA		Sales Tax License or Exemption Number	
Trade Name (if different) WEST VIRGINIA UNIVERSITY		State	Expiration Date
Mailing Address ONE WATERFRONT PLACE PO BOX 6005		Phone Number N/A; EMAIL 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.

<input type="checkbox"/> Purchase for Resale <input type="checkbox"/> Manufacturing - Mark one of the following: <input type="checkbox"/> Ingredients or Component Parts <input type="checkbox"/> Machinery, Machine Tools, and Parts <input type="checkbox"/> Testing, Modification, or Inspection	Ordinary Course of Business, including the product(s) manufactured and/or sold:
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3. Entity Exemption. Enter a and b as required.

a. Mark the type of entity.

<input checked="" type="checkbox"/> 501(c)(3) Charitable Organization	<input type="checkbox"/> 501(c)(19) Veterans' Organization
<input type="checkbox"/> U.S. or Colorado State or Local Government	<input type="checkbox"/> Affordable Housing Project
<input type="checkbox"/> Tribe or Member – For sales on or delivered to a Colorado reservation. Mark the type of qualifying purchaser:	
<input type="checkbox"/> Tribal Government	<input type="checkbox"/> Enrolled Tribal Member
<input type="checkbox"/> 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.

<input type="checkbox"/> Purchase Authorization to be paid later	<input checked="" type="checkbox"/> Check issued by the entity
<input type="checkbox"/> Cash with a purchase order from the entity	<input type="checkbox"/> Colorado State or Local Government Credit Card
<input type="checkbox"/> U.S. Government GSA SmartPay3 Card	<input type="checkbox"/> 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 OUT OF STATE CHARITABLE ORGANIZATION, EDUCATIONAL ORGANIZATION	Qualifications EXEMPT ORGANIZATION IN HOME STATE MEETING CHARITABLE ORGANIZATION REQUIREMENTS FOR STATE OF COLORADO
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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 MELISSA HUNT	Title ASSISTANT DIRECTOR, TAX SERVICES
Signature 	Date (MM/DD/YY) 3/19/2024

Streamlined Sales Tax Certificate of Exemption

Do not send this form to the Streamlined Sales Tax Governing Board.
Send the completed form to the seller and keep a copy for your records.

This is a multi-state form for use in the states listed. Not all states allow all exemptions listed on this form. The purchaser is responsible for ensuring it is eligible for the exemption in the state it is claiming the tax exemption from. Check with the state for exemption information and requirements. The purchaser is liable for any tax and interest, and possible civil and criminal penalties imposed by the state, if the purchaser is not eligible to claim this exemption.

1. Check if this certificate is for a single purchase. Enter the related invoice/purchase order # _____

2. A. Purchaser's name
STATE OF WEST VIRGINIA DBA WEST VIRGINIA UNIVERSITY

B. Business address City State Country Zip code
ONE WATERFRONT PLACE, PO BOX 6005 MORGANTOWN WV USA 26506

C. Name of seller from whom you are purchasing, leasing or renting

D. Seller's address City State Country Zip code

3. Purchaser's type of business. Check the number that best describes your business.
- 01 Accommodation and food services
 - 02 Agriculture, forestry, fishing, hunting
 - 03 Construction
 - 04 Finance and insurance
 - 05 Information, publishing and communications
 - 06 Manufacturing
 - 07 Mining
 - 08 Real estate
 - 09 Rental and leasing
 - 10 Retail trade
 - 11 Transportation and warehousing
 - 12 Utilities
 - 13 Wholesale trade
 - 14 Business services
 - 15 Professional services
 - 16 Education and health-care services
 - 17 Nonprofit organization
 - 18 Government
 - 19 Not a business
 - 20 Other (explain)

4. Reason for exemption. Check the letter that identifies the reason for the exemption.

- A Federal government (Department) *
- B State or local government (Name) * WEST VIRGINIA
- C Tribal government (Name) *
- E Charitable organization *
- F Religious organization *
- G Resale *
- H Agricultural Production *
- I Industrial production/manufacturing *
- J Direct pay permit *
- K Direct Mail *
- L Other (Explain) _____
- M Educational Organization *

* see Instructions on back (page 2)

5. Identification (ID) number: Enter the ID number as required in the instructions for each state in which you are claiming an exemption. If claiming multiple exemption reasons, enter the letters identifying each reason as listed in Section 4 for each state.

ID number	State/Country	Reason	ID number	State/Country	Reason
AR			NV		
GA			OH		
IA			OK		
IN			RI		
KS			SD		
KY			TN		
MI			UT		
MN			VT		
NC			WA		
ND			WI		
NE			WV	2211-0375	WV
NJ			WY		

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

Signature of authorized purchaser: Melissa D. Hunt Print name: Melissa D. Hunt Title: Assistant Director Date: 01/24/2024