Michigan Sales and Use Tax Certificate of Exemption

This exemption claim should be completed by the purchaser, provided to the seller, and is not valid unless the information in all four sections is complete. Do not send a copy to Treasury unless one is requested.

SECTION	1: TYPE OF PURCHASE Check one of the following:	
	A. One-Time Purchase	X C. Blanket Certificate
	Order or Invoice Number:	Expiration Date (maximum of four years):
	7	
	B. Blanket Certificate. Recurring Business Relationship	
		e purchase of tangible personal property or services purchased from the e of the property or services; OR the purchaser's exempt status.
Seller's Nam	e and Address	
Check one	2: ITEMS COVERED BY THIS CERTIFICATE	
1. 🗡	All items purchased.	
2.	Limited to the following items:	
	3: BASIS FOR EXEMPTION CLAIM of the following:	
1.	For Lease. Purchaser will lease the property and elects to pa based on rental receipts. Enter sales tax license or use tax re	
2.	For Resale at Retail. Enter Sales Tax License Number:	
3.	Direct Pay - Authorized to pay use tax on qualified transaction	s directly to Michigan Treasury under account number:
The f	ollowing exemptions DO NOT require the purchaser to pro	vide a number:
4.	Agricultural Production. Enter percentage:%	
5.	Government Entity (U.S. or its instrumentalities, State of Micl Church or House of Religious Worship (circle type of organiz	nigan or its political subdivisions), Nonprofit School, Nonprofit Hospital, ation)
6.	Contractor (provide <i>Michigan Sales and Use Tax Contractor</i>	Eligibility Statement (Form 3520)).
7.	For Resale at Wholesale.	
8.	Industrial Processing. Enter percentage:%	
9. 🗙	Nonprofit Internal Revenue Code Section 501(c)(3), 501(c)(4), or 501(c)(19) Exempt Organization.
10.	7	chigan Department of Treasury prior to July 17, 1998 (sales tax) or
11.	Rolling Stock purchased by an Interstate Motor Carrier.	
12.	Other (explain):	

SECTION 4: CERTIFICATION

I declare, under penalty of perjury, that the information on this certificate is true, that I have consulted the statutes, administrative rules and other sources of law applicable to my exemption, and that I have exercised reasonable care in assuring that my claim of exemption is valid under Michigan law. In the event this claim is disallowed, I accept full responsibility for the payment of tax, penalty and any accrued interest, including, if necessary, reimbursement to the vendor for tax and accrued interest.

Business Name	Ту	pe of Business (see codes on page 2)
WEST VIRGINIA UNIVERSITY RESEARCH CO	RPORATION 1	5
Business Address	City, State, ZIP Code	
ONE WATERFRONT PLACE, PO BOX 6005	MORGANTOWN WV 26506	
Business Telephone Number (include area code)	Name (Print or Type)	
(304) 293-0467	DAVID KOSSLOW	
Signature	Title	Date Signed
Wilk- formon	ASSISTANT TREASURER	1/30/2023