

# Certificate of Exemption

**Purchaser:** Complete this certificate and **give it to the seller.** Do not send to the Department of Revenue.

**Seller:** Keep this certificate as a part of your records. If this certificate is not fully completed, you must charge tax.

Check one:

**Single purchase certificate**       **Blanket certificate** (if checked, this certificate continues in force until cancelled by the purchaser.)

Name of purchaser's business or organization

Sunbridge Capital, Inc.

Business address

6300 Nall Avenue, 2nd Floor

City

Mission

State

KS

Zip code

66202

Purchaser's state tax ID number

74-2847968

State of issue

Kansas

If no number, give reason

Print or type

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

Seller's address

City

State

Zip code

Describe business/  
exempt items

Describe the nature of your business or organization. Include a description of the items normally sold in your business, if applicable.

Lease Commercial Equipment and Vehicles

Describe the items for which you are claiming exemption.

Circle the exemption reason code. Enter the number or title where applicable.

Type of exemption

- | Code     | Description   |
|----------|---|
| <b>A</b> | <b>Agricultural or industrial production.</b>   |
| <b>B</b> | <b>Direct pay.</b> Enter DP# _____  |
| <b>C</b> | <b>Exempt organization.</b> Enter ES# or type of group _____  |
| <b>D</b> | <b>Motor carrier direct pay.</b> Enter MCDP# _____  |
| <b>E</b> | <b>Multiple points of use.</b>  |
| <b>F</b> | <b>Percentage exemption.</b>  |
|          | <input type="checkbox"/> Advertising (enter percentage) _____% <input type="checkbox"/> Utilities (enter percentage) _____% |
| <b>G</b> | <b>Resale.</b>  |
| <b>H</b> | <b>Resource recovery facility.</b> Enter CN# _____  |
| <b>I</b> | <b>Other.</b> Enter title _____   |

I declare that the information on this certificate is correct and complete to the best of my knowledge and belief. (PENALTY--If you try to evade paying sales tax by using an exemption certificate for items or services that will be used for purposes other than those being claimed, you may be fined \$100 under Minnesota law for each transaction for which the certificate is used.)

Signature of authorized purchaser

Print name here

Shyra Lyons-Hawkins

Phone

(913) 236-8800

Date

Sign here

If you have questions, call 651-296-6181. TTY: Call 711 for Minnesota Relay.

Forms and fact sheets are available on our website at [www.taxes.state.mn.us](http://www.taxes.state.mn.us)