

	Office Use			
Store #	Amount \$ _	·		
Register #	Card # MD			
Date		ZKU		
rev. 1/11/2017		3599453		

## **Standard Colorado Affidavit of Exempt Sale**

This form is required by the State of Colorado for any transaction on which an exemption from state tax is claimed for charitable and government entities. The seller is required to maintain a completed form for each tax-exempt sale. **Furnish this form to the seller. Do not return this form to the State of Colorado.** 

Purchase Details										
□ Purchase for resale - or - □ Purchase for wholesale (see instructions)  State license number (not FEIN number): Issuing state Expiration  (Attach a copy of state license) □ I affirm items purchased are for resale/wholesale in the ordinary course of business. Initial										
□ Purchase by religious or charital State tax-exempt number (not FE (Attach a copy of state exemption Payment information (required t □ Paid by cash and accompanie □ Paid by check drawn on funds □ Paid by purchasing card beari The embossed name of the c □ Paid by commercial card not a	IN number): n certificate) no meet one of the domain of the exempt	the fole order organized the e	llowing): from the zation exempt o	e organization rganization		- -				
□ Purchase by federal, state, or local government Credit card number (first six and last four only:										
Purchase by foreign and diplomatic exemptions (required to meet the following):  — Purchaser presents a state department issued card with the name/photo of the bearer on the card.  If presented with this card, documentation of form of payment is not required (excluding mission card).										
Purchaser Information										
Legal Name of Company/Organization/Agency I	Name		Purchase	r Name (Printed)						
Address			City			State	Zip + 4			
Phone State/Driver I	icense #	Descr	iption of No	ormal Course of Bu	siness					
Under penalty of perjury, I swear or affirm that the information on this form is true and correct as to every material matter. I affirm that the items purchased tax-exempt will be used for official business of the above-named organization or agency. I accept that I remain directly liable for the taxes and any applicable penalty or interest if my purchase is found to not qualify for the exemption or if the information asserted in this form is deemed fraudulent.  Signature										
Seller Verification										
Seller Name	Location #	Date		Transaction ID		Employ	/ee ID# / Initials			
Description of Items Purchased or Attach Duplic	ate Receipt/Invoice	!		1		Exemp	ted Amount of Purchase			