

Certificate of Exemption

Purchaser: Complete this certificate and give it to the seller.

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

This is a blanket certificate, unless one of the boxes below is checked, and remains in force as long as the purchaser continues making purchases, or until otherwise cancelled by the purchaser.

Check if this certificate is for a single purchase and enter the related invoice/purchase order # _____

If you are a contractor and have a purchasing agent agreement with an exempt organization, check the box to make multiple purchases for a specific job. Enter the exempt entity name and specific project:

Exempt entity name _____ Project description _____

Type of print	Name of purchaser Timepayment Corp			
	Business address 1600 District Avenue Suite 200		City Burlington	State MA
			Zip code 01803	
	Purchaser's tax ID number 71149812		State of issue	
	If no tax ID number, enter one of the following:	FEIN 200687813	Driver's license number/State issued ID number state of issue MN number 7114982	
	Name of seller from whom you are purchasing, leasing or renting			
Seller's address				
		City	State	Zip code

Type of business. Circle the number that describes your business.

Type of business	01 Accommodation and food services	11 Transportation and warehousing
	02 Agricultural, forestry, fishing, hunting	12 Utilities
	03 Construction	13 Wholesale trade
	04 Finance and insurance	14 Business services
	05 Information, publishing and communications	15 Professional services
	06 Manufacturing	16 Education and health-care services
	07 Mining	17 Nonprofit organization
	08 Real estate	18 Government
	09 Rental and leasing X	19 Not a business (explain) _____
	10 Retail trade	20 Other (explain) _____

Reason for exemption. Circle the letter that identifies the reason for the exemption.

Reason for exemption	A Federal government (department) _____	I Agricultural production
	B Specific government exemption (from list on back) _____	J Industrial production/manufacturing
	C Tribal government (name) _____	K Direct pay authorization
	D Foreign diplomat # _____	L Multi-Party exemption is no longer valid for computer software (March 8, 2008)
	E Charitable organization # _____	M Direct mail
	F Educational organization # _____	N Other (enter number from back page) _____
	G Religious organization # _____	O Percentage exemption
	H Resale X	<input type="checkbox"/> Advertising (enter percentage) _____ %
		<input type="checkbox"/> Utilities (enter percentage) _____ %

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.)

Sign here	Signature of authorized purchaser 	Print name here Connie Tsai	Title Director of Tax	Date 01/08/2020
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UNIFORM SALES & USE TAX EXEMPTION/RESALE CERTIFICATE - MULTIJURISDICTION

The below-listed states have indicated that this certificate is acceptable as a resale/exemption certificate for sales and use tax, subject to the notes on pages 2-4. The issuer and the recipient have the responsibility to determine the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: _____

Address: _____

I certify that:

Name of Firm (Buyer): TIMEPAYMENT CORP
 Address: 1600 DISTRICT AVENUE, SUITE 200
BURLINGTON, MA 01803

is engaged as a registered

- Wholesaler
- Retailer
- Manufacturer
- Seller (California)
- Lessor (see notes on pages 2-4)
- Other (Specify) LEASING

and is registered with the below-listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, or ingredients or components of a new product or service⁴ to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) selling (California) the following:

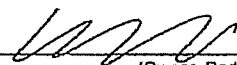
Description of Business: RESALE FOR LEASING EQUIPMENT

General description of tangible property or taxable services to be purchased from the Seller: MICROTICKETING ITEMS

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AL ¹	RNT 766806452	MS	1281-2187
AR	00273377-SLS	NE ¹⁷	01-9378073
AZ ²	N/A	NV	1001931670-001
CA ³	N/A	NJ	009774470000
CO ⁴	007-76271	NM ^{4,18}	03017052004
CT ⁵	N/A	NC ¹⁹	N/A
DC ⁶	N/A	ND	174110-00
FL ⁷	N/A	OH ²⁰	99-046823
GA ⁸	175-522202	OK ²¹	STS-10343462-04
HI ^{4,9}	N/A	PA ²²	N/A
ID	002780872-8	RI ²³	N/A
IL ^{4,10}	3538-7653	SC	099344800
IA	200149444	SD ²⁴	N/A
KS	005200687813-F01	TN	105134105
KY ¹¹	N/A	TX ²⁵	12006878131
ME ¹²	1077871	UT	12527215002 STC
MD ¹³	N/A	VT	SUT-10058778
MI ¹⁴	20-0687813	WA ²⁶	602708092-1
MN ¹⁵	7114982	WI ²⁷	N/A

I further certify that if any property or service so purchased tax free is used or consumed as to make it subject to a Sales or Use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the Seller for added tax billing. This certificate shall be a part of each order that we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: 
(Owner, Partner, or Corporate Officer, or other authorized signer)

Title: DIRECTOR OF TAX

Date: 01/08/2020



OFFICE OF STATE TAX COMMISSIONER
CERTIFICATE OF RESALE
 SFN 21950 (11-2002)

I hereby certify that I hold ND Sales and Use Tax permit number 174110-00. I am engaged in the business
 (State)
 of selling, leasing or renting General Equipment.

I further certify that the tangible personal property purchased from _____
 is purchased by me for resale.

**I further certify that I will report and remit any sales or use tax and any penalties which attach as a result of purchases from
 the above seller which are used or consumed by me.**

TimePayment Corp
 Business Name

 Authorized Signature [Signature]

1600 District Ave, Suite 200 Burlington, MA 01803
 Business Address

01/08/2020
 Date

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 Exempt entity name _____ Project description _____

Type or print	Name of purchaser Timepayment Corp			
	Business address	City	State	Zip code
	1600 District Avenue Suite 200	Burlington	MA	01803
	Purchaser's tax ID number	State of issue		
	71149812			
	If no tax ID number, enter one of the following:	FEIN	Driver's license number/State issued ID number	
	200687813	state of issue MN	number 7114982	
Name of seller from whom you are purchasing, leasing or renting				
Seller's address				
City				
State				
Zip code				

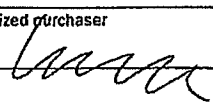
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