

Form ST3, Certificate of Exemption

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

Seller: If this certificate is not 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. This certificate 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 purchases for a specific job. Enter the exempt entity name and specific project:
 Exempt entity name _____ Project description _____

Name of Purchaser Timepayment Corp.			
Business Address 200 Summit Dr. Suite #100	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
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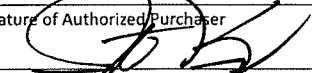
Type of Business

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

Reason for Exemption (See Instructions)

- | | |
|---|--|
| <input type="checkbox"/> A Federal government (department) _____
<input type="checkbox"/> B Specific government exemption _____
<input type="checkbox"/> C Tribal government (name) _____
<input type="checkbox"/> D Foreign diplomat # _____
<input type="checkbox"/> E Charitable organization # _____
<input type="checkbox"/> F Educational organization # _____
<input type="checkbox"/> G Religious organization # _____
<input checked="" type="checkbox"/> H Resale
<input type="checkbox"/> I Qualifying capital equipment (see instructions when equipment claimed is part of a construction project) | <input type="checkbox"/> J Agricultural production
<input type="checkbox"/> K Industrial production/manufacturing
<input type="checkbox"/> L Direct pay authorization
<input type="checkbox"/> M Multiple points of use (services, digital goods, or computer software delivered electronically)
<input type="checkbox"/> N Direct mail
<input type="checkbox"/> O Other (enter number from instructions) _____
<input type="checkbox"/> P Percentage exemption
<input type="checkbox"/> Advertising (enter percentage) _____ %
<input type="checkbox"/> Utilities (enter percentage) _____ %
<input type="checkbox"/> Electricity (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.)

Signature of Authorized Purchaser 	Print Name Here Robert King	Title Director of Tax	Date 02/14/22
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