



Vermont Sales Tax Exemption Certificate
for

**PURCHASES FOR RESALE, BY EXEMPT ORGANIZATIONS, AND
BY DIRECT PAY PERMIT**

**Form
S-3**

32 V.S.A. § 9701(5); § 9743(1)-(3); § 9745

To be filed with the **SELLER**, not with the Vermont Department of Taxes.

- Single Purchase - Enter Purchase Price \$ _____
- Multiple Purchase (effective for subsequent purchases.)

BUYER

Buyer's Name <u>TimePayment Corp.</u>		Federal ID Number <u>20-0687813</u>	
Trading as		Telephone Number <u>617-360-7127</u>	
Address <u>200 Summit Dr. Suite 100</u>			
City <u>Burlington</u>	State <u>MA</u>	ZIP Code <u>01803</u>	
Buyer's Primary Business			

SELLER


Seller's Name		
Address		
City	State	ZIP Code

EXEMPTION CLAIMED

DESCRIPTION. Description of purchased articles	
BASIS FOR EXEMPTION	
<input checked="" type="checkbox"/> For resale/wholesale	Vermont Sales & Use Tax Account Number: <u>SUT-10058778</u>
<input type="checkbox"/> Purchase by 501(c)(3) organization	Vermont Account Number: _____
<input type="checkbox"/> Direct payment by federal or Vermont governmental unit	
<input type="checkbox"/> Direct Pay Permit	Permit #: _____
<input type="checkbox"/> Purchases by 501(c)5 organization presenting fairs, field days, or festivals.	Events: _____
. Dates: _____	
. Vermont Sales & Use Tax Account Number: _____	
<input type="checkbox"/> Purchase by volunteer fire department, ambulance company, rescue squad. (Registration is not required.)	

SIGNATURE

I certify that I have read and complied with the instructions provided with respect to the use of this Exemption Certificate. I further certify that the above statements are true, complete, and correct, and that no material information has been omitted.

 VP of Finance 1/5/2024

Signature of Buyer or Authorized Agent Title Date