	Vermont Sales Tax Exemption Certificate for PURCHASES FOR RESALE, BY EXEMPT ORGANIZATIONS, AND BY DIRECT PAY PERMIT 32 V.S.A. § 9701(5); § 9743(1)-(3); § 9745	Form S-3
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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 <i>TimePayment Corp.</i>	Federal ID Number <i>20-0687813</i>
Trading as	Telephone Number <i>617-360-7127</i>
Address <i>200 Summit Dr. Suite 100</i>	
City <i>Burlington</i>	State <i>MA</i> ZIP Code <i>01803</i>
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><i>SUT-10058778</i></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.

 Signature of Buyer or Authorized Agent	<i>CFO</i> Title	<i>1/2/2025</i> Date
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