

ST-3
(3-23)

New Jersey Division of Taxation

Sales Tax
Resale Certificate

Check applicable box:

☐
☒

Single-Purchase Certificate

Blanket Certificate

The seller must collect Sales Tax on the sale of taxable property or services unless the purchaser gives them a fully completed exemption certificate.

Do not mail this form to the Division of Taxation.

Seller

Name _____

Address _____
Street City State ZIP Code

Purchaser

New Jersey Taxpayer Identification Number 1347795

Name* TimePayment Corp.

As registered with the New Jersey Division of Taxation

Address* 400 TradeCenter Suite 6950 Woburn MA 01801
Street City State ZIP Code

Type of Business* Leasing and Rental

The purchaser certifies that:

- (1) They hold a valid Certificate of Authority to collect New Jersey Sales and Use Tax.
(2) They are principally engaged in the sale of (indicate nature of property or service sold):

- (3) The property or services being purchased are described as follows:

- (4) The **property** described above is being purchased for (check all boxes that apply):

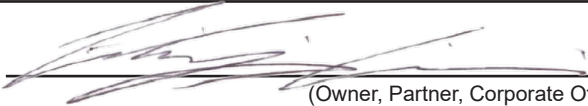
- ☒ Resale in its present form.
☐ Resale as converted into or as a component part of a product by the purchaser.
☐ Use in the performance of a taxable service on personal property and will become part of the property being serviced or will later be transferred to the purchaser of the service in conjunction with the performance of the service.

- (5) The **services** described above are being purchased (check the box that applies):

- ☐ By seller who will either collect tax or will resell services.
☐ To be performed on personal property held for sale.

I, the undersigned purchaser, have read and complied with the instructions and rules promulgated pursuant to the New Jersey Sales and Use Tax Act with respect to the use of the resale certificate, and it is my belief that the seller named herein is not required to collect the Sales or Use Tax on the transaction or transactions covered by this certificate. The undersigned purchaser hereby swears under the penalties for perjury and false swearing that all of the information shown in this certificate is true.

Print Name Filippo Guidi

Authorized Signature*  _____
(Owner, Partner, Corporate Officer)

Title CFO Date 01/01/2026

***Required**

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