

ST-4 (09-16, R-16)

State of New Jersey  
DIVISION OF TAXATION

SALES TAX

FORM ST-4

ELIGIBLE NONREGISTERED  
PURCHASER: SEE INSTRUCTIONS \*\*

22-6000910

PURCHASER'S NEW JERSEY  
TAXPAYER REGISTRATION NUMBER\*

Gov't Entity

EXEMPT USE CERTIFICATE

To be completed by purchaser and given to and retained by seller.  
Please read and comply with the instructions given on both sides of this certificate.

TO \_\_\_\_\_ Date \_\_\_\_\_  
(Name of Seller)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The undersigned certifies that there is no requirement to pay the New Jersey Sales and/or Use Tax on the purchase or purchases covered by this Certificate because the tangible personal property or services purchased will be used for an exempt purpose under the Sales & Use Tax Act.

The tangible personal property or services will be used for the following exempt purpose\*:

NJIT is a public research university based in Newark, NJ. All purchases covered by this Certificate are made for activities that further the mission of the university.

The exemption on the sale of the tangible personal property or services to be used for the above described exempt purpose is provided in subsection N.J.S.A. 54:32B-9(a) (See reverse side for listing for principal exempt uses of tangible personal property or services and fill in the block with proper subsection citation).

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 Exempt Use 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.

NEW JERSEY INSTITUTE OF TECHNOLOGY

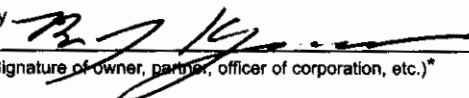
NAME OF PURCHASER\* (as registered with the New Jersey Division of Taxation)

UNIVERSITY HEIGHTS NEWARK, NJ 07102

(Address of Purchaser)\*

PUBLIC UNIVERSITY

TYPE OF BUSINESS\*

By   
(Signature of owner, partner, officer of corporation, etc.)\*

AVP, ACCOUNTING & TREASURY MGMT  
(Title)

\*Required

MAY BE REPRODUCED  
(Front & Back Required)