

Buyer's Name <b>New Jersey Institute of Technology</b>			Seller's Name		
Address <b>University Heights</b>			Address		
City <b>Newark</b>	State <b>NJ</b>	ZIP Code <b>07012</b>	City	State	ZIP Code

**Seller:** Each exemption a customer may claim on this form has special rules (see instructions). It's your responsibility to learn the rules. You must charge tax to customers on goods that don't qualify for a claimed exemption and are taxable by law.

**Buyer:** Complete the section that applies to you.

**1. Buying for Resale.** I will sell, rent, or lease the goods I am buying in the regular course of my business.

a. Primary nature of business \_\_\_\_\_ Describe the products you sell, lease, or rent \_\_\_\_\_

b. Check the box that applies:  Idaho registered retailer; seller's permit number \_\_\_\_\_  
(required - see instructions)

Wholesale only; no retail sales  Out-of-state retailer; no Idaho business presence

Idaho registered prepaid wireless service seller; E911 fee permit number \_\_\_\_\_  
(required - see instructions)

**2. Producer Exemptions** (see instructions). I will put the goods purchased to an exempt use in the business indicated below.

Broadcasting  Production Exemption (check all that apply):

Logging  Fabricating  Hunting or Fishing  Manufacturing  Processing  
Operation

Publishing Free Newspapers  Farming  Mining  Ranching

List the products you produce: \_\_\_\_\_

**3. Exempt Buyer.** All purchases are exempt, and no permit number is required. Check the box that applies.

<input type="checkbox"/> Advocates for Survivors of Domestic Violence and Sexual Assault, Inc.	<input type="checkbox"/> Blind Services Foundation, Inc.	<input type="checkbox"/> Emergency Medical Service Agency ( <i>nonprofit only</i> )	<input type="checkbox"/> Museum ( <i>nonprofit only</i> )
<input type="checkbox"/> American Indian Tribe	<input type="checkbox"/> Canal Company ( <i>nonprofit only</i> )	<input type="checkbox"/> Forest Protective Association	<input type="checkbox"/> Qualifying Health Organization (see instructions for list)
<input type="checkbox"/> American Red Cross	<input type="checkbox"/> Centers for Independent Living	<input type="checkbox"/> Government Entity (U.S./Idaho)	<input checked="" type="checkbox"/> School ( <i>nonprofit only</i> )
<input type="checkbox"/> Amtrak	<input type="checkbox"/> Children's Free Dental Service Clinic ( <i>nonprofit only</i> )	<input type="checkbox"/> Hospital ( <i>nonprofit only</i> )	<input type="checkbox"/> Senior Citizen Center
	<input type="checkbox"/> Credit Union (state/federal)	<input type="checkbox"/> Idaho Foodbank Warehouse, Inc.	<input type="checkbox"/> Volunteer Fire Department

**4. Contractor Exemptions** (see instructions).

a. Invoice, purchase order, or job number to which this claim applies \_\_\_\_\_

b. City and state where job is located \_\_\_\_\_

c. Project owner name \_\_\_\_\_

d. This exempt project is (check appropriate box)

In a nontaxing state (To qualify, materials must become part of the real property)

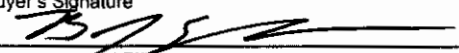
An agricultural irrigation project

For production equipment owned by a producer who qualifies for the production exemption

**5. Other Exempt Goods and Buyers** (see instructions).

<input type="checkbox"/> Aerial tramway component or snowmaking/grooming equipment	<input type="checkbox"/> Heating fuel
<input type="checkbox"/> Aircraft (fixed-wing) primarily used as an air tactical group supervisor platform	<input type="checkbox"/> Irrigation equipment and supplies used for agriculture
<input type="checkbox"/> Aircraft primarily used to transport passengers or freight for hire	<input type="checkbox"/> Livestock sold at a public livestock market
<input type="checkbox"/> Aircraft purchased by nonresident for out-of-state use	<input type="checkbox"/> Medical items that qualify
<input type="checkbox"/> American Indian buyer holding Tribal ID No. _____ This form doesn't apply to vehicles or boats (see instructions)	<input type="checkbox"/> Pollution control items
<input type="checkbox"/> Church buying goods for food bank or to sell meals to members	<input type="checkbox"/> Research and development goods
<input type="checkbox"/> Food bank or soup kitchen buying food or food service goods	<input type="checkbox"/> Other goods or entity exempt by law under the following statute (required) _____

**By signing this form, I certify** that the statements I made on this form are true and correct. I know that submitting false information can result in criminal and civil penalties.

Buyer's Signature 	Buyer's Name (please print) <b>New Jersey Institute of Technology</b>	Title <b>AVP Accounting and Treasury</b>
Buyer's Federal EIN or Driver's License Number and State of Issue <b>22-6008910</b>		Date <b>2/13/19</b>