



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 State of Vermont		Federal ID Number 03-6000264	
Trading as Department of Buildings & General Services		Telephone Number	
Address 133 State Street			
City Montpelier,		State VT	ZIP Code 05633-5801
Buyer's Primary Business State Government			

**SELLER**

Seller's Name		
Address		
City	State	ZIP Code

**EXEMPTION CLAIMED**

DESCRIPTION. Description of purchased articles
<p><b>BASIS FOR EXEMPTION</b></p> <input type="checkbox"/> For resale/wholesale . . . . . Vermont Sales & Use Tax Account Number: _____ <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.



*Stephanie Fuller*

Signature of Buyer or Authorized Agent

Financial Manager III

Title

*03-31-2023*

Date