REV1220 A5+ (2.93)



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF REVENUE BUREAU OF BUSINESS TRUST FUND TAXES DEPT 280901 HARRISBURG, PA 17128-0901

PENNSYLVANIA EXEMPTION CERTIFICATE

CHECK ONE:

☐ STATE OR LOCAL SALES AND USE TAX STATE OR LOCAL HOTEL OCCUPANCY TAX

PUBLIC TRANSPORTATION ASSISTANCE TAXES AND FEES (PTA)

(Please Print or Type)

This Form cannot be used to obtain a Sales Tax License Number, PTA License Number, or Exempt Status

Read Instructions
On Reverse Carefully

THIS FORM MAY BE PHOTOCOPIED - VOID UNLESS COMPLETE INFORMATION IS SUPPLIED										
CHECK ONE: PENNSYLVANIA TAX UNIT EXEMPTION CERTIFICATE (USE FOR PENNSYLVANIA TAX BLANKET EXEMPTION CERTIFICATE (USE							•		ONS)	
Name of Seller Or Lessor										
Street						City		State		ZIP Code
Property and services purchased or leased using this certificate are exempt from tax because: (Select the appropriate paragraph from the back of this form, check the corresponding block below, and insert information requested)										
<u> </u>	Property or services will be used directly by purchaser in performing purchaser's operation of:									
□ 2.	Purchaser is a/an:									
□ 3.	Property will be resold under License Number (If purchaser does not have a PA Sales									ot have a PA Sales
	Tax License Number, include a statement under Number 7 explaining why a number is not required.									
☐ 4.	Purchaser is a/an holding Exemption Number									
☐ 5.	Property or services will be used directly by purchaser performing a public utility service. (Complete Part 5 on Reverse)									
□ 6.	Exempt wrapping supplies, License Number (If purchaser does not have a PA Sales Tax License Number, include a statement under Number 7 explaining why a number is not required.)									
⊠ 7.	Other _C	Commor	wealth of Pennsyl	vania Fed ID #						
	(Explain ir	n detail.	Additional space	on reverse side.) Ca	ard #					
I am authorized to execute this Certificate and claim this exemption. Misuse of this Certificate by seller, lessor, buyer, lessee, or their representative is punishable by fine and imprisonment.										
Name of	Purchaser or	Lessee		Signature			Date			
Street Ac	ddress			City				State		ZIP Code

1. ACCEPTANCE AND VALIDITY:

For this certificate to be valid, the seller/lessor shall exercise good faith in accepting this certificate, which includes: (1) the certificate shall be completed properly; (2) the certificate shall be in the seller/lessor's possession within sixty days from the date of sale/lease; (3) the certificate does not contain information which is knowingly false; and (4) the property or service is consistent with the exemption to which the customer is entitled. For more information, refer to Regulation 200, Exemption Certificates (Title 61 PA Code §32.2). An invalid certificate may subject the seller/lessor to the tax.

2. REPRODUCTION OF FORM:

This form may be reproduced but shall contain the same information as appears on this form.

3. RETENTION:

The seller or lessor must retain this certificate for at least four years from the date of the exempt sale to which the certificate applies. **DO NOT RETURN THIS FORM TO THE PA DEPARTMENT OF REVENUE.**

4. EXEMPT ORGANIZATIONS

This form may be used in conjunction with form REV-1715, Exempt Organization Declaration of Sales Tax Exemption, when a purchase of \$200 or more is made by an organization which is registered with the PA Department of Revenue as an exempt organization. These organizations are assigned an exemption number, beginning with the two digits 75 (example 75-00000-0).

Pennsylvania Exemption Certificate and Completion Instructions

- 1. Under the center heading, place an 'X' in block **State or Local Hotel Occupancy Tax** and cross out the **State or** on the heading.
- 2. Place an "X" in block **Pennsylvania Tax Blanket Exemption Certificate.** (Use for Multiple Transactions)
- 3. Place an "X" in block **7. Other** and enter Commonwealth of Pennsylvania FED ID#. (This is the Department Number available from agency coordinator.)
- 4. On second line of block **7. (Explain in detail. Additional space on reverse side.)** Enter employe's Corporate Card Number.
- 5. Complete authorization section: employe name, signature, date, street address, city, state, and zip code.

Note: This form may be duplicated and presented to hotels on request. Be sure to complete for each hotel the vendor section: name of seller or lessor, street address, city, state, and zip code.