

TO BE RETAINED BY VENDOR AS
EVIDENCE OF EXEMPT SALE

TAX EXEMPTION CERTIFICATE

STATE OF NEW YORK
For use only by Employees of the State of New York
or its political subdivisions.

Name of Person of Firm Furnishing Services and Materials Date _____

Address

This is to certify that I am an employee of the State of New York or one of its political subdivisions, that the services or materials purchased on the date set forth below will be paid for by the State or a political subdivision, and that such charges are incurred in the performance of my official duties.

Nature of Transactions _____ _____
Signature of Employee

Dates of Transactions _____

State Dept., Agency or Political Subdivision _____
Employee's Official Title

NOTE: A separate exemption certificate is required from each person claiming exemption.