

Form ST-5 Sales Tax Exempt Purchaser Certificate

Rev. 6/09

Massachusetts

Department of

Revenue

Nome	gape Inter		n. To be completed	by exempt government or 5	01(c)(3) organization	1.	
	0 1						
•	PO COX 77	5					
City	1ed teld				State M A	2ip 0205	
Exemption num	200 452	537					
Issue date	date				Date of expiration of certificate None		
or 6(e). All pur property or se any unauthori	rchases of tangible personal	property or servic ct of the business	es by this organization of the purchaser. An astitutes a serious vio	on are exempt from taxat y abuse or misuse of thi	ion under said ches certificate by any ocation.	s, Chapter 64H, sections 6(d) apter to the extent that such y tax-exempt organization or	
Signature	Rospels		Director-	Administrations	Date	9/7/2018	
corporations	Iful misuse of the certifical) in fines. Agent information					and \$10,000 (\$50,000 for	
Name of agent's		Internat					
Address	POBOX		Medte	1	MA	02052	
City	Joseph	P.	Joseph		State	Zip	
Agent's name	15 Quail	Run				1 110 12 11	
Address	Madhe	9			MA	02052	
City					State	Zip	
Government Attach Form	making this purchase, I am a nt organization (local public s m ST-2, if available. If Form S rganization (parochial school	chool, city/town g	overnment, state age	ency, etc.). number, if known:	elect one):		
Signature	poregle		Title	aministation	Date	9/7/208	
Part 3. V	endor information	n					
Vendor's name		TO KIND	1-10-10-10				
Check applical Single purch	hase certificate (attach detaile	ed receipts or com	plete Part 4, on reve	rse)			