

1. Official business name: _____
2. Name of DBA (if applicable): _____
3. Do you have a sales tax exemption valid for kitchen and bath furniture and accessories?
Yes _____ No _____
If yes, provide number _____
4. Business street address: _____
City: _____ State: _____ Zip: _____
5. Business phone no.: _____
6. Business Fax no.: _____
7. Business hours: _____
8. Website address (if applicable): _____
9. Company Email (to log into our ordering system): _____
10. Type of business (example-retail) _____
11. Principally engaged in the sale of : _____
12. Showroom address (if applicable): _____
Same as business City: _____ State: _____ Zip: _____
Showroom hours: _____
13. Warehouse address (if applicable): _____
Same as above City: _____ State: _____ Zip: _____
14. Check off if you have one of the following:
Forklift _____ Loading dock _____

15. The property described above is being purchased for (check all boxes that apply):
Resale in its present form.
Resale as converted into or as a component part of a product by the purchaser.
Use in the performance of a taxable service on personal property and will become part of the property being serviced or will later be transferred to the purchaser of the service in conjunction with the performance of the service.
16. I am purchasing:
Tangible personal property (other than motor fuel or diesel motor fuel) for resale, and it is being delivered directly by the seller to my customer or to an unaffiliated fulfillment services provider in New York State.
Tangible personal property for resale that will be resold from a business located outside New York State

17. Accountant Name: _____
18. Accountant Email: _____
19. Accountant Phone: _____ Ext: _____
20. Owner(s) Full Name: _____
21. Owner cellular: _____
22. Authorize person filling out form: _____
First Last
23. Title of person filling out form: _____

I affirm that the details I provide are genuine and precise. Through utilizing the company website, I acknowledge and accept the terms and conditions outlined in the company's policy available on their website.

Print Name Authorize Signature Date

Required Documents:

1. Sign NY ST-120 and NJ ST-3
2. Color Copy of State issue NJ Certificate of Authority

NEW JERSEY BUSINESS REGISTRATION

Pursuant to P.L. 2004, c.57, all consultants (both in-state and out-of-state) must obtain a Business Registration Certificate (BRC) from the New Jersey Department of the Treasury, Division of Revenue prior to conducting business with the NJTPA. A consultant or sub-consultant who fails to submit a copy of a valid BRC in accordance with the statute will be held liable for monetary penalties in accordance with N.J.S.A. 54-49-4.1. Questions regarding how to obtain a BRC can be directed to the New Jersey Division of Revenue at (609) 292-1730. The business registration form (Form NJ-REG) can be found online at:

<http://www.state.nj.us/treasury/revenue/busregcert.shtml>, or
<http://www.state.nj.us/treasury/revenue/gettingregistered.shtml>.

Sample New Jersey Business Registration Certificates:

The image shows a sample Business Registration Certificate (Form NJ-REG) from the State of New Jersey. The certificate is titled "STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE FOR STATE AGENCY AND CASINO SERVICE CONTRACTOR". It includes the following information:

- TAXPAYER NAME: TAX REGISTRATION TEST ACCOUNT
- TAXPAYER IDENTIFICATION: 970-097-382/500
- ADDRESS: 947 BIRCH BLVD, TRENTON NJ 08611
- EFFECTIVE DATE: 06/01/04
- FORM NO. REG(06/01)
- TRACE NAME: CLIENT REGISTRATION
- SEQUENCE NUMBER: 01072
- ISSUANCE DATE: 07/14/04
- SIGNATURE: J. P. S. Tully

A large "SAMPLE" watermark is overlaid diagonally across the center of the certificate. At the bottom, a small disclaimer states: "This Certificate is NOT assignable or transferable. It must be surrendered when employed at above address."

Please send color
copy of Certificate of
Authority

ST-3
(3-23)

New Jersey Division of Taxation

Sales Tax
Resale Certificate

Check applicable box:

- ☐ Single-Purchase Certificate
☒ Blanket Certificate

The seller must collect Sales Tax on the sale of taxable property or services unless the purchaser gives them a fully completed exemption certificate.

Do not mail this form to the Division of Taxation.

Seller

Name Golden Glass & Hardware Inc

Address 70 Frederick St Hackensack NJ 07601
Street City State ZIP Code

Purchaser

New Jersey Taxpayer Identification Number _____

Name* _____
As registered with the New Jersey Division of Taxation

Address* _____
Street City State ZIP Code

Type of Business* _____

The purchaser certifies that:

- (1) They hold a valid Certificate of Authority to collect New Jersey Sales and Use Tax.
(2) They are principally engaged in the sale of (indicate nature of property or service sold):

- (3) The property or services being purchased are described as follows:

SHOWER GLASS DOOR AND HARDWARE

- (4) The **property** described above is being purchased for (check all boxes that apply):

- ☐ Resale in its present form.
☐ Resale as converted into or as a component part of a product by the purchaser.
☐ Use in the performance of a taxable service on personal property and will become part of the property being serviced or will later be transferred to the purchaser of the service in conjunction with the performance of the service.

- (5) The **services** described above are being purchased (check the box that applies):

- ☐ By seller who will either collect tax or will resell services.
☐ To be performed on personal property held for sale.

I, the undersigned purchaser, have read and complied with the instructions and rules promulgated pursuant to the New Jersey Sales and Use Tax Act with respect to the use of the resale certificate, and it is my belief that the seller named herein is not required to collect the Sales or Use Tax on the transaction or transactions covered by this certificate. The undersigned purchaser hereby swears under the penalties for perjury and false swearing that all of the information shown in this certificate is true.

Print Name _____

Authorized Signature* _____
(Owner, Partner, Corporate Officer)

Title _____ Date _____

***Required**

This form may be reproduced



Department of Taxation and Finance
New York State and Local Sales and Use Tax
Resale Certificate

ST-120
(6/18)

Name of seller Golden Glass & Hardware Inc			Name of purchaser		
Street address 70 Frederick St			Street address		
City Hackensack	State NJ	ZIP code 07601	City	State	ZIP code

Mark an **X** in the appropriate box: ☐ Single-use certificate ☒ Blanket certificate
Temporary vendors must issue a single-use certificate.

To the purchaser:

You may not use this certificate to purchase items or services that are not for resale. If you purchase tangible personal property or services for resale, but use or consume the tangible personal property or services yourself in New York State, you must report and pay the unpaid tax directly to New York State. Any misuse of this certificate will result in tax liabilities and substantial penalty and interest.

Purchaser information – please type or print

I am engaged in the business of _____ and principally sell _____
(Contractors may not use this certificate to purchase materials and supplies.)

Part 1 – To be completed by registered New York State sales tax vendors

I certify that I am:

- ☐ a New York State vendor (including a hotel operator or a dues or admissions recipient), show vendor or entertainment vendor. My valid *Certificate of Authority* number is _____
- ☐ a New York State temporary vendor. My valid *Certificate of Authority* number is _____ and expires on _____

I am purchasing:

- ☐ **A.** Tangible personal property (other than motor fuel or diesel motor fuel)
- for resale in its present form or for resale as a physical component part of tangible personal property;
 - for use in performing taxable services where the property will become a physical component part of the property upon which the services will be performed, or the property will actually be transferred to the purchaser of the taxable service in conjunction with the performance of the service; or
- ☐ **B.** A service for resale, including the servicing of tangible personal property held for sale.
- ☐ **C.** Restaurant-type food, heated food, or heated drink for resale.

Part 2 – To be completed by non-New York State purchasers

I certify that I am not registered nor am I required to be registered as a New York State sales tax vendor. I am registered to collect sales tax or value added tax (VAT) in the following state/jurisdiction _____ and have been issued the following registration number _____ (If sales tax or VAT registration is not required and a registration number is not issued by your home jurisdiction, indicate the location of your business and write **not applicable** on the line requesting the registration number.)

I am purchasing:

- ☐ **D.** Tangible personal property (other than motor fuel or diesel motor fuel) for resale, and it is being delivered directly by the seller to my customer or to an unaffiliated fulfillment services provider in New York State.
- ☐ **E.** Tangible personal property for resale that will be resold from a business located outside New York State.

Certification: I certify that the above statements are true, complete, and correct, and that no material information has been omitted. I make these statements and issue this exemption certificate with the knowledge that this document provides evidence that state and local sales or use taxes do not apply to a transaction or transactions for which I tendered this document and that willfully issuing this document with the intent to evade any such tax may constitute a felony or other crime under New York State Law, punishable by a substantial fine and a possible jail sentence. I understand that this document is required to be filed with, and delivered to, the vendor as agent for the Tax Department for the purposes of Tax Law section 1838 and is deemed a document required to be filed with the Tax Department for the purpose of prosecution of offenses. I also understand that the Tax Department is authorized to investigate the validity of tax exclusions or exemptions claimed and the accuracy of any information entered on this document.

Type or print name and title of owner, partner, or authorized person of purchaser	
Signature of owner, partner, or authorized person of purchaser	Date prepared

Substantial penalties will result from misuse of this certificate.