



# Standard Municipal Home Rule Affidavit of Exempt Sale

This form is required by home rule municipalities within the State of Colorado for any transaction on which an exemption from tax is claimed. The seller is required to maintain a completed form for each tax-exempt sale.

**Furnish this form to the seller. Do not return this form to the taxing jurisdiction.**

Purchase Details	<input type="checkbox"/> PURCHASE FOR RESALE - OR - <input type="checkbox"/> PURCHASE FOR WHOLESALE (QUALIFICATIONS MAY VARY BY JURISDICTION - SEE INSTRUCTIONS) STATE LICENSE NUMBER (NOT FEIN NUMBER): _____ ISSUING STATE _____ EXPIRATION _____ LOCAL LICENSE NUMBER (IF APPLICABLE): _____ ISSUING MUNICIPALITY: _____ <input type="checkbox"/> I AFFIRM ITEMS PURCHASED ARE FOR RESALE/WHOLESALE IN THE ORDINARY COURSE OF BUSINESS. INITIAL _____	
	<input type="checkbox"/> PURCHASE BY RELIGIOUS OR CHARITABLE ORGANIZATION (EXEMPTIONS MAY VARY BY JURISDICTION) STATE TAX EXEMPT NUMBER (NOT FEIN NUMBER): _____ LOCAL TAX EXEMPT NUMBER (IF APPLICABLE): _____ ISSUING MUNICIPALITY: _____ <b>PAYMENT INFORMATION (REQUIRED TO MEET ONE OF THE FOLLOWING):</b> <input type="checkbox"/> PAID BY CASH AND ACCOMPANIED BY A PURCHASE ORDER FROM THE ORGANIZATION <input type="checkbox"/> PAID BY CHECK DRAWN ON FUNDS OF THE EXEMPT ORGANIZATION <input type="checkbox"/> PAID BY PURCHASING CARD BEARING INFORMATION OF THE EXEMPT ORGANIZATION THE EMBOSSED NAME OF THE CARD IS: _____ <input type="checkbox"/> PAID BY COMMERCIAL CARD NOT A PERSONAL CREDIT CARD - CARD'S LAST FOUR DIGITS: _____	
	<input checked="" type="checkbox"/> PURCHASE BY FEDERAL, STATE, OR LOCAL GOVERNMENT CREDIT CARD NUMBER (FIRST SIX AND LAST FOUR ONLY): _____ - XX-XXXX-_____ <b>FEDERAL GOVERNMENT (PAYMENT INFORMATION - REQUIRED TO MEET ONE OF THE FOLLOWING):</b> <input type="checkbox"/> GSA SMARTPAY2 CARD - FLEET CARD WITH PICTURE OF A ROAD AND FLAG <input type="checkbox"/> GSA SMARTPAY2 CARD - PURCHASE CARD WITH PICTURE OF A KEYBOARD AND FLAG <input type="checkbox"/> GSA SMARTPAY2 CARD - TRAVEL CARD WITH PICTURE OF AN AIRPLANE AND FLAG <input type="checkbox"/> GSA SMARTPAY2 CARD - INTEGRATED CARD WITH PICTURE OF AN EAGLE AND FLAG <input type="checkbox"/> DEPT OF INTERIOR AGENCY ISSUED CARD - AGENCY NAME _____ <b>STATE AND LOCAL GOVERNMENT (PAYMENT INFORMATION - REQUIRED TO MEET ONE OF THE FOLLOWING):</b> <input type="checkbox"/> PAID BY CASH AND ACCOMPANIED BY PURCHASE ORDER ISSUED BY THE GOVERNMENT AGENCY <input checked="" type="checkbox"/> PAID BY CHECK ISSUED BY AND DRAWN ON FUNDS FROM THE GOVERNMENT AGENCY <input type="checkbox"/> PAID BY GOVERNMENT PURCHASE CARD AS DESIGNATED ON THE CARD STATE TAX EXEMPT NUMBER PRINTED ON THE CARD (COLORADO ONLY): _____ <input type="checkbox"/> CHECK IF THE CARD STATES "FOR OFFICIAL STATE USE ONLY" OR "TAX EXEMPT"	
	<input type="checkbox"/> PURCHASE BY FOREIGN AND DIPLOMATIC EXEMPTIONS (REQUIRED TO MEET THE FOLLOWING): <input type="checkbox"/> PURCHASER PRESENTS A STATE DEPARTMENT ISSUED CARD WITH THE NAME/PHOTO OF THE BEARER ON THE CARD. IF PRESENTED WITH THIS CARD, DOCUMENTATION OF FORM OF PAYMENT IS NOT REQUIRED (EXCLUDING MISSION CARD).	
	<input type="checkbox"/> OTHER QUALIFIED EXEMPTION NATURE OF EXEMPTION: _____ EXEMPT NUMBER: _____	

Purchaser Information	LEGAL NAME OF COMPANY/ORGANIZATION/AGENCY NAME <i>County of Fremont</i>		PURCHASER NAME (PRINTED)		
	ADDRESS <i>615 Macon Ave., Room 105</i>		CITY <i>Canon City</i>	STATE <i>CO</i>	ZIP + 4 <i>81212</i>
	PHONE <i>719-276-7350</i>	STATE / DRIVERS LICENSE #	DESCRIPTION OF NORMAL COURSE OF BUSINESS <i>Local Government</i>		
	Under penalty of perjury, I swear or affirm that the information on this form is true and correct as to every material matter. I affirm that the items purchased tax-exempt will be used for official business of the above-named organization or agency. I accept that I remain directly liable for the taxes and any applicable penalty or interest if my purchase is found to not qualify for the exemption or if the information asserted in this form is deemed fraudulent.				
SIGNATURE <i>Sunny Bryant</i>			DATE <i>10/25/16</i>		

Seller Verification	SELLER NAME	LOCATION #	DATE	TRANSACTION ID	EMPLOYEE ID# / INITIALS
	DESCRIPTION OF ITEMS PURCHASED OR ATTACH DUPLICATE RECEIPT/INVOICE				EXEMPTED AMOUNT OF PURCHASE