



Form ST-5 Sales Tax Exempt Purchaser Certificate

Rev. 6/09

**Massachusetts
Department of
Revenue**

Part 1. Exempt taxpayer information. To be completed by exempt government or 501(c)(3) organization.

Name The Trustees of The Smith College


Address 10 Elm Street, College Hall #204

City Northampton State MA Zip 01063-6304

Exemption number 041-843-040 Certificate Number: 1064867840

Issue date January 4, 2019 Date of expiration of certificate January 3, 2029

Certification is hereby made that the organization named above is an exempt purchaser under Massachusetts General Laws, Chapter 64H, sections 6(d) or 6(e). All purchases of tangible personal property or services by this organization are exempt from taxation under said chapter to the extent that such property or services are used in the conduct of the business of the purchaser. Any abuse or misuse of this certificate by any tax-exempt organization or any unauthorized use of this certificate by any individual constitutes a serious violation and will lead to revocation.

Signature  Title Controller Date 12/21/18

Warning: Willful misuse of this certificate may result in criminal tax evasion sanctions of up to one year in prison and \$10,000 (\$50,000 for corporations) in fines.

Part 2. Agent information. To be completed by agent of exempt government or 501(c)(3) organization.

Name of agent's organization The Trustees of The Smith College

Address 10 Elm Street, College Hall #204

City Northampton State MA Zip 01063-6304

Agent's name _____

Address _____

City _____ State _____ Zip _____

I certify that in making this purchase, I am acting as an agent for the exempt organization named above (select one):

- Government organization (local public school, city/town government, state agency, etc.).
Attach Form ST-2, if available. If Form ST-2 is not available, enter exemption number, if known: _____
- 501(c)(3) organization (parochial school, Scout troop, etc.). Form ST-2 must be attached.

Signature _____ Title _____ Date _____

Part 3. Vendor information

Vendor's name _____

- Check applicable box:
- Single purchase certificate (attach detailed receipts or complete Part 4, on reverse)
- Blanket certificate

