

STATE OF CONNECTICUT DEPARTMENT OF REVENUE SERVICES

SALES & USE TAX RESALE CERTIFICATE

Issued to (Seller)			Address	
certify that	Name of Firm (Buyer) Street Address or P.O. Box No.		is er	is engaged as a registered () Wholesaler () Retailer () Manufacturer () Lessor
	City	State	Zip	() Other (specify)
chases to new produ	us and th	nat any such purchases a	re for wholesale, res n the normal course	hich your firm would deliver pursale, ingredients or components of a cof our business. We are in the ng) the following:
City or state		State Registration or I.D. No.	City or State	State Registration or I.D. No.
City or state		State Registration or I.D. No.	City or State	State Registration or I.D. No.
City or state		State Registration or I.D. No.	City or State	State Registration or I.D. No.
make it su when state each order cancelled	bject to e law so p which w by us in	a sales or use tax we wil provides or inform the sel	I pay the tax due dir ler for added tax bill u, unless otherwise s city or state.	ed or consumed by the firm as to rect to the proper taxing authority ling. This certificate shall be part o specified, and shall be valid until
		nowledge and belief is a t		ate has been examined by me and mplete certificate.
Authorized S	Signature	(Ourse Buts Ourse)	, rr	Till.
		(Owner, Partner or Corporate C	micer)	Title Date