

## STATE OF CONNECTICUT DEPARTMENT OF REVENUE SERVICES

## SALES & USE TAX RESALE CERTIFICATE

Issued to (Seller)			Address	
I certify that	Name	of Firm (Buyer)		is engaged as a registered
	Street Address or P.O. Box No.		).	<ul> <li>( ) Wholesaler</li> <li>( ) Retailer</li> <li>( ) Manufacturer</li> <li>( ) Lessor</li> <li>( ) Other (specify)</li> </ul>
	City	State	Zip	
new product to business of wh	o be reso nolesaling	g, retailing, manufactu	ring, leasing (ren	rse of our business. We are in the nting) the following:
·		or I.D. No.	·	or I.D. No.
City or State		State Registration or I.D. No.	City or State	State Registration Or I.D. No.
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City or State		State Registration or I.D. No.	City or State	State Registration or I.D. No.
City or State I further certif make it subjec when state lav each order wh canceled by us	ct to a sa w so prov ich we m s in writi	or I.D. No. any property so purcha les or use tax we will rides or inform the sell	ased tax free is u bay the tax due d er for added tax bu, unless otherw ity or state.	or I.D. No. used or consumed by the firm as to direct to the proper taxing authority billing. This certificate shall be part of wise specified, and shall be valid until
City or State I further certify make it subject when state law each order wh canceled by us General descri	ct to a sa w so prov ich we m s in writin iption of er the per	or I.D. No.	ased tax free is u bay the tax due d er for added tax ou, unless otherw ity or state. sed from the selle ent that this certi	or I.D. No. used or consumed by the firm as to direct to the proper taxing authority billing. This certificate shall be part of wise specified, and shall be valid until er: