

# Mississippi Resale Exemption Affidavit

SELLER

BUYER

**Purchaser's type of business.** Check the number that best describes your business.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> 01 Accommodation and food services            | <input type="checkbox"/> 08 Real estate                    | <input type="checkbox"/> 15 Professional services              |
| <input type="checkbox"/> 02 Agriculture, forestry, fishing, hunting    | <input type="checkbox"/> 09 Rental and leasing             | <input type="checkbox"/> 16 Education and health-care services |
| <input type="checkbox"/> 03 Construction                               | <input type="checkbox"/> 10 Retail trade                   | <input type="checkbox"/> 17 Nonprofit organization             |
| <input type="checkbox"/> 04 Finance and insurance                      | <input type="checkbox"/> 11 Transportation and warehousing | <input type="checkbox"/> 18 Government                         |
| <input type="checkbox"/> 05 Information, publishing and communications | <input type="checkbox"/> 12 Utilities                      | <input type="checkbox"/> 19 Not a business                     |
| <input type="checkbox"/> 06 Manufacturing                              | <input type="checkbox"/> 13 Wholesale trade                | <input type="checkbox"/> 20 Other (explain)                    |
| <input type="checkbox"/> 07 Mining                                     | <input type="checkbox"/> 14 Business services              |  |

**Reason for exemption.** Circle the letter that identifies the reason for the exemption.

- |  |  |
|--|--|
| A <input type="checkbox"/> Federal government ( <i>Department</i> ) _____  | H <input type="checkbox"/> Agricultural Production # _____             |
| B <input type="checkbox"/> State or local government ( <i>Name</i> ) _____ | I <input type="checkbox"/> Industrial production/manufacturing # _____ |
| C <input type="checkbox"/> Tribal government ( <i>Name</i> ) _____         | J <input type="checkbox"/> Direct pay permit # _____                   |
| D <input type="checkbox"/> Foreign diplomat # _____                        | K <input type="checkbox"/> Direct Mail # _____                         |
| E <input type="checkbox"/> Charitable organization # _____                 | L <input type="checkbox"/> Other ( <i>Explain</i> ) _____              |
| F <input type="checkbox"/> Religious organization # _____                  |  |
| G <input type="checkbox"/> Resale # _____                                  | M <input type="checkbox"/> Educational Organization # _____            |

*I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.*

Signature of authorized purchaser

Print Name

Title

Date