

	<p>Vermont Sales Tax Exemption Certificate for</p> <p>PURCHASES FOR RESALE, BY EXEMPT ORGANIZATIONS, AND BY DIRECT PAY PERMIT</p> <p>32 V.S.A. § 9701(5); § 9743(1)-(3); § 9745</p>	<p>Form S-3</p>
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To be filed with the **SELLER**, not with the Vermont Department of Taxes.

- Single Purchase - Enter Purchase Price \$ _____
- Multiple Purchase (effective for subsequent purchases.)

BUYER

Buyer's Name Champlain College Inc		Federal ID Number 03-0220266	
Trading as		Telephone Number 802-865-5451	
Address 163 South Willard Street, PO Box 670			
City Burlington		State VT	ZIP Code 05402
Buyer's Primary Business Education			

SELLER

Seller's Name		
Address		
City	State	ZIP Code

EXEMPTION CLAIMED

<p>DESCRIPTION. Description of purchased articles</p> <p style="text-align: center;">Items purchased for education use</p>	
<p>BASIS FOR EXEMPTION</p> <p><input type="checkbox"/> For resale/wholesale Vermont Sales & Use Tax Account Number: _____</p> <p><input checked="" type="checkbox"/> Purchase by 501(c)(3) organization Vermont Account Number: SUT10033750</p> <p><input type="checkbox"/> Direct payment by federal or Vermont governmental unit</p> <p><input type="checkbox"/> Direct Pay Permit Permit #: _____</p> <p><input type="checkbox"/> Purchases by 501(c)5 organization presenting fairs, field days, or festivals. Events: _____</p> <p style="padding-left: 40px;">. Dates: _____</p> <p style="padding-left: 40px;">. Vermont Sales & Use Tax Account Number: _____</p> <p><input type="checkbox"/> Purchase by volunteer fire department, ambulance company, rescue squad. (Registration is not required.)</p>	

SIGNATURE

I certify that I have read and complied with the instructions provided with respect to the use of this Exemption Certificate. I further certify that the above statements are true, complete, and correct, and that no material information has been omitted.



Jennifer Kennelly
Signature of Buyer or Authorized Agent

Senior Director of Finance, Assistant Treasurer
Title

8/14/2023
Date