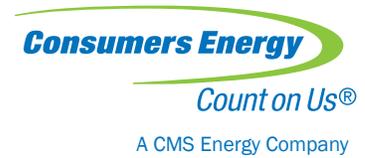


ONE ENERGY PLAZA, EP10-227  
JACKSON, MI 49201-2357



Name as Shown on Bill

Mailing Address Line 1

Mailing Address Line 2

City State Zip

Date

## SALES TAX EXEMPTION CERTIFICATE

### Account Service Address

**This certificate is invalid unless all four sections are completed by the purchaser.**

The purchaser hereby claims exemption on the purchase of tangible personal property and selected services made under this certificate from Consumers Energy and certifies that this claim is based upon the purchaser's proposed use of the items or services, OR the status of the purchaser.

### SECTION 1 - TYPE OF PURCHASE

- One Time Purchase. Order or Invoice Number \_\_\_\_\_
- Blanket Certificate. Recurring business relationship.

### SECTION 2 - ITEMS COVERED BY THIS CERTIFICATE

- All Items Purchased.
- Limited to the Following Items: \_\_\_\_\_

### SECTION 3 - BASIS FOR EXEMPTION CLAIM

**Note the percent of your exemption here: Electricity \_\_\_\_\_% Gas \_\_\_\_\_% REQUIRED**

**Check ONE box below:**

- For Resale at Retail - Sales Tax License Number \_\_\_\_\_
- For Resale at Wholesale
- Agricultural Production (Describe): \_\_\_\_\_
- Industrial Processing
- Church
- Government Entity
- Nonprofit School
- Nonprofit Hospital
- Nonprofit IRC 501(c)(3), 501(c)(4) or 501(c)(19) Exempt Organization
- Nonprofit Organization with an authorized letter issued by the MI Dept of Treasury prior to June 1994
- Other (Explain): \_\_\_\_\_

### SECTION 4 - CERTIFICATION

Under penalty of perjury, I declare that the information on this certificate is true, that I have consulted the statutes, administrative rules and other sources of law applicable to my exemption, and that I have exercised reasonable care in assuring that my claim of exemption is valid under Michigan law. In the event this claim is disallowed, I accept full responsibility for the payment of tax, penalty and any accrued interest, including, if necessary, reimbursement to Consumers Energy for tax and accrued interest.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print or Type Name

( ) \_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date Signed

**Questions?** Call 1-800-972-7751

Submit to: [cesalestaxexemption@cmsenergy.com](mailto:cesalestaxexemption@cmsenergy.com) or Fax 1-517-325-8008