

This form is to be completed and given to your contractor.

Name of Exempt Entity Issuing the Certificate			Missouri Tax Exemption Number				
Address		City	City		State	ZIP Code	
E-mail Address							
Project Number	Project Begin Date (MM/D				Project End Date (MM/DD/YYYY)		
Description of Project							
Project Location			Certificate Expiration Date (MM/DD/YYYY)				
Provide a signed copy of this certificate Letter to each contractor or subcontractor responsibility of the exempt entity to ensu- certificate if any of the information change	tor who will be purchasin ure the validity of the info	ng tangible pers	onal prope	rty for us	se in this	project. It is the	
Signature of Authorized Exempt Entity	Authorized Exempt Entity Printed Name of Authorized Ex			mpt Entity Date (MM/DD/YYYY)			
The Missouri exempt entity named abov incorporated or consumed in the constru penalties of perjury, I declare that the abo	iction project identified he	erein and no othe	er, pursuan	t to Sect	ion 144.0	62, RSMo. Unde	
Name of Purchasing Contractor	Signature of Co				Date (MM/DD/YYYY)		
Address		City			State	ZIP Code	
Contractors - Present this to your suppli							
portion if extending the certificate to Name of Purchasing Subcontractor	your subcontractor. The	contractor must	sign the for	m in the	space pro	vided below.	
Address		City			State	ZIP Code	
Signature of Contractor	Contractor's Prin	nted Name				-	
						/	

Form 5060 (Revised 11-2019)

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