Name of Purchaser	Address	CT Tax Registration Number *(If none, explain)*	Exemption Permit # *(If any)*
EdAdvance	**P.O. Box 909 Litchfield, CT 06759**	**66-11115000**	**E-6223** Federal Employer ID # **06-0842189**
Name of Seller	Address	CT Tax Registration Number *(If none, explain)*	Federal Employer ID #

Check one box:

- ☐ Blanket certificate (CERT-119 may not be used as a blanket certificate for purchases of tangible personal property for resale at any one of five fundraising or social events per calendar year exempt under Conn. Gen. Stat. §12-412(94). See below.)
- ☐ Certificate for one purchase only
- ☑ Purchases that qualify for exemption under Conn. Gen. Stat. §12-412(94). Indicate the number of prior fundraising or social events during this calendar year for which you claimed exemption under Conn. Gen. Stat. §12-412(94): _____

Check the appropriate box and provide a written description of each item purchased:

☑ Tangible Personal Property ☐ Taxable Services

Description:

Declaration by Purchaser

The qualifying exempt organization declares that the tangible personal property or taxable services described above will be used exclusively for the purposes for which the organization was established, including the purchase of tangible personal property or meals for resale at one of five fundraising or social events per year exempt from tax. The organization further declares the exemption permit, determination letter, or group exemption letter (as the case may be) attached to this certificate has not been canceled or revoked.

According to Conn. Gen. Stat. §12-412(8) or Conn. Gen. Stat. §12-412(94), the purchase of the item(s) is exempt from sales and use taxes.

I declare under penalty of law that I have examined this certificate (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return to DRS is a fine of not more than $5,000, or imprisonment for not more than five years, or both.

EdAdvance
Name of Purchaser

By: _____ **Director of Finance** **5/26/2017**
Signature of Authorized Person | Title | Date