

TO BE RETAINED BY VENDOR AS
EVIDENCE OF EXEMPT SALE

TAX EXEMPTION CERTIFICATE

STATE OF NEW YORK
For use only by Employees of the State of New York
or its political subdivisions.

..... Date
Name of Person or Firm Furnishing Services and/or Materials

.....
Address

This is to certify that I am an employee of the State of New York or one of its political subdivisions; that the services or materials purchased on the date set forth below will be paid for by the State or a political subdivision; and that such charges are incurred in the performance of my official duties.

Nature of Transactions _____

Dates of Transactions _____

**State Dept., Agency or
Political Subdivision** _____

.....
Signature of Employee

.....
Title

NOTE: A separate exemption certificate is required from each person claiming exemption.

Tax Exempt ID#: 14740026K

Contact Info: Amy Brown, Controller (607) 746-4584