

Form ST-105

State Form 4965 R3/5-05

Indiana Department of Revenue
General Sales Tax Exemption Certificate

Indiana registered retail merchants and businesses located outside Indiana may use this certificate. The claimed exemption must be allowed by Indiana code. Exemption statutes of other states are not valid for purchases from Indiana vendors. **This exemption certificate can not be issued for the purchase of Utilities, Vehicles, Watercraft, or Aircraft.** Purchaser must be registered with the Department of Revenue or the appropriate taxing authority of the purchaser's state of residence.

Sales tax must be charged unless all information in each section is fully completed by the purchaser. Purchasers not able to provide all required information must pay the tax and may file a claim for refund (Form GA-110L) directly with the Department of Revenue.

Section 1 (Print only)

Name of Purchaser GREENE COUNTY GENERAL HOSPITAL

Business Address RR#1 Box 1000 City LINTON State IN Zip 47441

Purchaser must provide minimum of one ID number below.*

Provide your Indiana Registered Retail Merchant's Certificate TID and LOC Number as shown on your Certificate. 3560014920 - 012

If not registered with the Indiana DOR, provide your State Tax ID Number from another State. TID# (10 digits) LOC# (3 digits)

*See instructions on the reverse side if you do not have either number. State ID# _____ State of Issue _____

Section 2

Is this a ☒ blanket purchase exemption request or a ☐ single purchase exemption request? (check one)

Description of items to be purchased. _____

Section 3

Purchaser must indicate the type of exemption being claimed for this purchase. (check one or explain)

☐ Sales to a retailer, wholesaler, or manufacturer for resale only.

☐ Sale of manufacturing machinery, tools, and equipment to be used directly in direct production.

☒ Sales to nonprofit organizations claiming exemption pursuant to Sales Tax Information Bulletin #10. (May not be used for personal hotel rooms and meals.)

☐ Sales to persons predominately (51% or more of total sales) engaged in public transportation - provide USDOT#, _____
A person or corporation who is hauling under someone else's motor carrier authority, or has a contract as a school bus operator, must provide their SS# or FID# in lieu of a State ID# in Section #1.

☐ Sales to persons, occupationally engaged as farmers, to be used directly in production of agricultural products for sale.
Note: A farmer not possessing a State Business License# may enter a FID# or a SS# in lieu of a State ID# in Section #1.

☐ Sales to a contractor for exempt projects (such as public schools, government, or nonprofits).

☐ Sales to Indiana Governmental Units (agencies, cities, towns, municipalities, public schools, and state universities).

☐ Sales to the United States Federal Government - show agency name. _____
Note: A U.S. Government agency should enter its Federal Identification Number (FID#) in Section #1 in lieu of a State ID#.

☐ Other - explain. HOSPITAL

Section 4

I hereby certify under the penalties of perjury that the property purchased by the use of this exemption certificate is to be used for an exempt purpose pursuant to the State Gross Retail Sales Tax Act, Indiana Code 6-2.5, and the item purchased is not a utility, vehicle, watercraft, or aircraft.

I confirm my understanding that misuse, (either negligent or intentional), and/or fraudulent use of this certificate may subject both me personally and/or the business entity I represent to the imposition of tax, interest, and civil and/or criminal penalties.

Signature of Purchaser Carl D. Collins Date 03/07/2013

Printed Name CARL D. COLLINS Title PLANT OPERATIONS MGR

The Indiana Department of Revenue may request verification of registration in another state if you are an out-of-state purchaser.
Seller must keep this certificate on file to support exempt sales.