

## Form ST-5 Sales Tax Exempt Purchaser Certificate

Rev. 6/09

Massachusetts

Department of

Revenue

Part	1. Exempt taxpayer information. To be completed by exempt government or 501	(c)(3) organization.	
Name	Town of Montague		
Address			
	1 Avenue A		
City		State	Zip
	Turners Falls	MA	01376
Exempt	ion number		
	046-001-231		
Issue d	01/02/1990	Date of expiration of certificate	
	01/02/1990	NONE	
or 6(e) proper	ation is hereby made that the organization named above is an exempt purchaser under Massachuse. All purchases of tangible personal property or services by this organization are exempt from taxation ty or services are used in the conduct of the business of the purchaser. Any abuse or misuse of this authorized use of this certificate by any individual constitutes a serious violation and will lead to revenue.	on under said chapter certificate by any tax-	to the extent that such
Signatu	Town Accountant	Date 4. 7	2-22
	ng: Willful misuse of this certificate may result in criminal tax evasion sanctions of up to one		
Name o	2. Agent information. To be completed by agent of exempt government or 501(c)(3) organif agent's organization	zation.	
Addres			
City		State	Zip
Agent's	name		
Addres			
City		State	Zip
I certify	that in making this purchase, I am acting as an agent for the exempt organization named above (s	elect one):	
	vernment organization (local public school, city/town government, state agency, etc.). ach Form ST-2, if available. If Form ST-2 is not available, enter exemption number, if known:		
□ 50°	(c)(3) organization (parochial school, Scout troop, etc.). Form ST-2 must be attached.		
Signatu	re Title	Date	
Part	3. Vendor information		
Vendor	s name		
Check	applicable box:		
Sing	gle purchase certificate (attach detailed receipts or complete Part 4, on reverse)		
Plan	skat cartificato		