

Certificate for Exemption from Michigan General Sales Tax



Account Name	Account No.	Date Issued
Mailing Address/City/State/Zip Code	Business Phone Number	Meter Number
Service Address/City/State/Zip Code (Building # /Apt/suite #)	Product Name	

This certificate is invalid unless all four sections are completed by the purchaser.

SECTION 1: CHECK ONE OF THE FOLLOWING

- One time purchase
 Blanket certificate (Note: A blanket certificate is valid for four years from the date of signature unless an earlier expiration date is listed below)
- Blanket Certificate, Recurring Business Relationship
 Expiration date, if less than four years: _____

The purchaser hereby claims exemption on the purchase of tangible personal property and selected services made under this certificate from DTE Energy and certifies that this claim is based upon the purchaser's proposed use of the items or services, or the status of the purchaser.

SECTION 2: ITEMS COVERED BY THIS CERTIFICATE

- Electric
- Gas
- Other: _____

SECTION 3: BASIS FOR EXEMPTION CLAIM

- For Resale at Retail - Sales Tax Registration Number: _____
- For Resale at Wholesale - No Tax Number Required
- Agricultural Production ____ % - Percentage Required (Describe): _____
- Industrial Processing ____ % - Percentage Required (Describe): _____
- Government Entity, Nonprofit School, Nonprofit Hospital, and Church (Circle type of organization)
- Nonprofit Internal Revenue Code Section 501(c)(3) and 501(c)(4) Exempt Organizations (Attach copy of IRS letter ruling)
- Nonprofit Organizations with an Exempt letter from the State of Michigan (Attach a copy of State's letter)
- Direct Pay (Attach a copy of State's letter)
- Contractor (must provide Michigan Sales and Use Tax Contractor Eligibility Statement (Form 3520)).
- Other (explain): _____

SECTION 4: CERTIFICATION

I declare under penalty of perjury, that the information on this certificate is true, that I have consulted the statutes, administrative rules and other sources of law applicable to my exemption, and that I have exercised reasonable care in assuring that my claim of exemption is valid under Michigan law. In the event this claim is disallowed, I accept full responsibility for the payment of tax, penalty and my accrued interest, including, if necessary reimbursements to the vendor for the tax and accrued interest.

Customer's Authorized Signature _____ Title _____ Date _____
 Customer's Name (print) _____ Federal ID Number _____ Customer's Phone No. _____

Customer: Return one Copy to **DTE Energy**
System Controls Tax Group
One Energy Plaza, 635 WCB
Detroit, MI 48226-1221