

EXEMPTION CERTIFICATE STATE TAX
FOR
FEDERAL, STATE, COUNTY, AND CITY GOVERNMENTS OR POLITICAL SUBDIVISIONS,
AND CHARITABLE OR RELIGIOUS ORGANIZATIONS

Customer's Name _____ Telephone Number or Account Number _____
 Exchange _____ State _____ Date _____ 19 _____

INSTRUCTIONS: Fill out all information above.
 Complete only that (one) section below, applicable to the exemption requested.

SECTION NO. 1	PERMANENT EXEMPTION (CONTINUOUS)
<p>The undersigned hereby certifies that all, or a part of, (check appropriate block below for which exemption applies) the communication services or facilities billed under the telephone number or account number shown above are for the exclusive use of the business or organization and not for private purposes; that the charges will be paid from _____ funds; and (Federal, State, County, and City Government, or Political Subdivision, and Charitable or Religious Organization)</p> <p>as such are exempt from the tax imposed by the Sales Tax Laws, as follows:</p> <p>(Check One)</p> <p><input type="checkbox"/> 100% Exempt</p> <p><input type="checkbox"/> Toll Exempt — Local Service Taxable</p> <p><input type="checkbox"/> Local Service Exempt — Toll Taxable</p>	
_____ Signature of Authorized Individual	_____ Title or Capacity

SECTION NO. 2	ONE-TIME EXEMPTION (NONCONTINUOUS)																								
<p>The undersigned hereby certifies that certain item/s (fill in below appropriate item/s for which exemption applies) of the communication services or facilities billed under the telephone number or account number shown above are for the exclusive use of the business or organization and not for private purposes; that the charges will be paid from _____ funds; and (Federal, State, County, and City Government, or Political Subdivision, and Charitable or Religious Organization)</p> <p>as such are exempt from tax imposed by the Sales Tax Laws, as follows:</p>																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th align="center" colspan="3">AS BILLED</th> </tr> <tr> <th align="center">KIND OF SERVICE</th> <th align="center">AMOUNT</th> <th align="center">TAX BILLED</th> </tr> </thead> <tbody> <tr> <td>Exchange Service</td> <td></td> <td></td> </tr> <tr> <td>Toll Service</td> <td></td> <td></td> </tr> <tr> <td>Directory Sales</td> <td></td> <td></td> </tr> <tr> <td>Directory Advertising</td> <td></td> <td></td> </tr> <tr> <td>Other (list)</td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td></td> <td></td> </tr> </tbody> </table>		AS BILLED			KIND OF SERVICE	AMOUNT	TAX BILLED	Exchange Service			Toll Service			Directory Sales			Directory Advertising			Other (list)			Total		
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<p>This section of form for use only in making allowance to customer for any tax he is entitled to exemption on under the State Tax Law, said tax having been previously billed on his account. This form must be attached to adjustment voucher forwarded to Revenue Accounting.</p>																									