

## Tax Exemption Application and Certification Form

Complete and submit this form along with your proof of exemption to [Exemptions@TeachersPayTeachers.com](mailto:Exemptions@TeachersPayTeachers.com) to apply for sales tax exemption for your Teachers Pay Teachers account. Our team will review it and may follow up if additional information is needed. If approved, you will be able to apply sales tax exemption to each exempt order you make on TpT. Periodic recertification may be required. Reach out at the above email address with any questions.

Buyer Name  
(TpT Account Holder) \_\_\_\_\_ Buyer Title \_\_\_\_\_

Organization/  
School Name \_\_\_\_\_

School District  
Name \_\_\_\_\_

Exempt Org.  
City \_\_\_\_\_ Exempt Org.  
State \_\_\_\_\_

Tax Exempt #  
(if applicable) \_\_\_\_\_ Certificate  
Expiration  
(if applicable) \_\_\_\_\_

**Exempt organization type** (please only check one):

- State/Local Government (e.g. public school)     Non-Profit Organization     Education Institution  
 Federal Government     Library

**Buyer Certifications** (you must certify to **all** of the following statements):

- I certify that the information provided is accurate and truthful; that I am submitting this form in good faith; and I understand and acknowledge that exemption may only be applied to organization purchases.
- I acknowledge and agree that this form, my proof of exemption, order receipts, and other order related information related to exempt purchases may be used by TpT and shared with TpT Sellers from whom I make exempt purchases for record keeping and audit purposes.
- If further information is needed to evidence exemption, I agree that I will cooperate with TpT or TpT Sellers to provide any additional information that may be required.

Buyer  
Signature \_\_\_\_\_ Signature Date \_\_\_\_\_

**Administrator Certification:** (Please have an authorized official of your organization complete the below)

I certify that I am an official and authorized representative of the above named tax exempt organization and that this Buyer is authorized to make tax exempt purchases on behalf of the above named tax exempt organization.

Administrator  
Signature \_\_\_\_\_ Signature Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_