

Fill-In Tax Certificates

The form you have selected is editable and required fields can be filled in directly onto the form. (Please note: In order for this form to be accepted, the signature field **MUST** be completed.)

Instructions

- 1. Please complete all necessary fields using Acrobat Reader.
- 2. PRINT the form.

- 3. **SIGN** the form.
- 4. Fax the completed form to Micron Consumer Products Group at (208) 363-5560.

If you have any questions, please contact Micron Consumer Products Group Customer Service at 1-800-336-8915 (US and Canada only or 208-363-5790) or <u>crucialbusiness@micron.com</u>.

Helpful hints for using Fill-In forms:

- Use either the hand tool or the scroll bar on right side of browser window to move the page around to view all areas.
- Position the hand pointer inside a form field and click. The hand pointer will change to an I-beam pointer when an editable field exists. Use the I-beam pointer to enter text, or use the arrow pointer to select a check box. If the cursor does not change from a hand pointer, no editable field exists.
 - Press TAB to accept text entered and to go to the next field, or press SHIFT+TAB to accept text entered and go to previous field.
 - Clicking the space bar will place or remove a check mark, in addition to just clicking on the box.
 - RETURN takes you down another line in a multi-line field



STATE OF RHODE ISLAND DEPARTMENT OF REVENUE – DIVISION OF TAXATION SALES AND USE TAX

RESALE CERTIFICATE

I HEREBY CERTIFY under penalties of perjury that I hold valid Permit to Make Sales at Retail No. ______ issued pursuant to the Rhode Island Sales and Use Tax Act, that I am engaged in the business of selling ______; that the tangible personal property described herein which I shall purchase from:

will be resold by me in the form of tangible personal property; provided, however, that in the event any of such property is used for any purpose other than retention, demonstration or display while holding it for sale in the regular course of business, it is understood that I am required by the above Act to report and pay tax, measured by the purchase price of such property.

Description of property to be purchased:

	Name of Pur	chaser:	 	
	Address		 	
dated		_, 20		

Signature _____