NORTHEASTERN UNIVERSITY  LOCATION ADDRESS:
ATTN: MICHAEL MALLON  360 HUNTINGTON AVE
360 HUNTINGTON AVE  BOSTON MA 02115
BOSTON MA 02115-

PURCHASE EXEMPTION NUMBER: OA149268
EFFECTIVE DATE: 06/22/2004

Dear Sir or Madam:

Your Application for Purchase Exemption -- Sales and Use Tax has been reviewed.

The Commonwealth of Kentucky grants an exemption from Kentucky sales and use tax for any out-of-state government agency, organization, or institution which is exempt from state sales tax in its state of residence.

Therefore, having reviewed your application and appropriate supporting documentation, the Revenue Cabinet has approved your application for sales and use tax exemption in Kentucky.

Please be aware all purchases must be made directly by your exempt organization and that individual members of your organization cannot be invoiced individually or pay individually while using the organization's exempt status in this state. The Out-Of-State Exemption Certificate, Revenue Form 51A127, must be provided to sellers to substantiate the exempt status of each purchase in this state.

Purchases derived from lodgings, meals, materials, and equipment are all eligible for the above exemption. **However, this authorization does not exempt your agency/organization from motor vehicle usage tax when purchasing a vehicle or u-drive-it tax when renting a motor vehicle.**

If you require additional information or assistance, please write: Revenue Cabinet, Sales and Use Tax Section, Station 53, PO Box 181, Frankfort, KY 40602-0181. Phone 502-564-5170.

[Signature]
Kevin West, Supervisor
Sales and Use Tax Branch
Division of Compliance and Taxpayer Assistance

AN EQUAL OPPORTUNITY EMPLOYER M/F/D
Important—Not valid unless completed.

OUT-OF-STATE EXEMPTION CERTIFICATE

I hereby certify that ____________________________________________

Name of Agency or Institution

Address

is an out-of-state agency, organization or institution exempt in its state of residence from sales and use tax and that the tangible personal property or services to be purchased from:

________________________________________

Name of Vendor

will be used solely for the exempt purpose.

Description of property or services to be purchased:

________________________________________

Address

In the event that the property or services purchased are not used for the exempt purpose, it is understood that I am required to pay the tax measured by the purchase price.

It is also understood that the information contained herein can be provided to the state of residence. Under penalties of perjury, I swear or affirm that the information on this certificate is true and correct as to every material matter.

________________________________________

Authorized Signature

Title

Exemption or ID Number

Date

CAUTION TO SELLER: This certificate can be used only for sales to agencies, organizations or institutions which, as an entity, are exempt from sales and use taxes in their state of residence. It cannot be used to claim exemption for specific types of property which may be exempt in the purchaser's state of residence.

REVENUE CABINET
Frankfort, Kentucky 40620

51A127 (6-88)