

# Dunbrooke Apparel Retail Sales Tax Form

Complete and SIGN this form and fax to: (816) 795-2322

**DUNBROOKE ACCT#:** \_\_\_\_\_

\* Indicates Required Field

**Caution to seller:** In order for the certificate to be accepted in good faith by the seller, the seller must exercise care that the property being sold is exempt. When a purchaser is claiming an exemption for purchases of items that qualify for the full manufacturing exemption and other items that only qualify for the partial manufacturing exemption, the seller must make certain the correct amount of tax is charged for each item purchased.

PURCHASER/SELLER

PURCHASER'S NAME * DOING BUSINESS AS NAME (DBA) * ADDRESS * CITY, STATE, ZIP * PRODUCT OR SERVICES PURCHASED EXEMPT FROM TAX * PURCHASER'S TYPE OF BUSINESS *	SELLER'S NAME  DOING BUSINESS AS NAME (DBA)  ADDRESS  CITY, STATE, ZIP  
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**RESALE: EXCLUSION FROM SALES/USE**

- \* ☐ Purchases of Tangible Personal Property for RESALE: *Retailer's State Tax ID Number* \_\_\_\_\_ *Home State* \_\_\_\_\_  
(Missouri Retailers must have a Missouri Tax ID Number)
- \* ☐ Purchases of Taxable Services for RESALE (see list of taxable services in instructions): *Retailer's MO Tax ID Number* \_\_\_\_\_  
(Resale certificate cannot be taken by seller in good faith unless the purchaser is registered in Missouri)
- \* ☐ Purchases by Manufacturer or Wholesaler for Wholesale: *Home State:* \_\_\_\_\_  
(Missouri Tax ID Number is not required)

**If registered in other states, please provide list of states and your ID #'s for each state.**

**MANUFACTURING FULL EXEMPTIONS: (These exemptions apply to state and local sales and use tax.)**

- |   |  |
|---|--|
| <input type="checkbox"/> INGREDIENT / COMPONENT PART                  | <input type="checkbox"/> PLANT EXPANSION   |
| <input type="checkbox"/> MANUFACTURING MACHINERY, EQUIPMENT AND PARTS | <input type="checkbox"/> RESEARCH AND DEVELOPMENT OF AGRICULTURAL BIOTECHNOLOGY PRODUCTS AND PLANT GENOMICS PRODUCTS AND PHARMACEUTICALS |
| <input type="checkbox"/> MATERIAL RECOVERY PROCESSING                 |  |

DESCRIBE PRODUCT OR SERVICES PURCHASED EXEMPT FROM TAX \_\_\_\_\_

SALES/USE TAX

**MANUFACTURING PARTIAL EXEMPTIONS : (These exemptions apply to state tax (4.225%) and local use tax, but not local sales tax. The seller must collect and report local sales taxes imposed by political subdivisions.)**

- ☐ RESEARCH AND DEVELOPMENT
- ☐ MANUFACTURING CHEMICALS AND MATERIALS
- ☐ MACHINERY AND EQUIPMENT USED OR CONSUMED IN MANUFACTURING
- ☐ MATERIALS, CHEMICALS, MACHINERY, AND EQUIPMENT USED OR CONSUMED IN MATERIAL RECOVERY PROCESSING PLANT

DESCRIBE PRODUCTS OR SERVICES PURCHASED EXEMPT FROM STATE TAX AND LOCAL USE TAX, BUT SUBJECT TO LOCAL SALES TAX \_\_\_\_\_

- ☐ UTILITIES /ENERGY AND WATER USED OR CONSUMED IN MANUFACTURING (**MUST COMPLETE BELOW**)

PURCHASER'S MANUFACTURING PERCENTAGE \_\_\_\_\_ %

PURCHASER'S METHOD OF CALCULATION

☐ SQUARE FOOTAGE      ☐ USE ANALYSIS

☐ OTHER \_\_\_\_\_

ENERGY ACCOUNT NUMBER(S) \_\_\_\_\_

**OTHER SALES/USE EXEMPTIONS:**

- ☐ AGRICULTURAL      ☐ COMMON CARRIER      ☐ LOCOMOTIVE FUEL      ☐ AIR AND/OR WATER POLLUTION CONTROL MACHINERY, EQUIPMENT, APPLIANCES AND DEVICES.
- ☐ OTHER \_\_\_\_\_

SIGNATURE

**SIGNATURE:**

UNDER PENALTIES OF PERJURY, I SWEAR OR AFFIRM THE INFORMATION ON THIS FORM IS TRUE AND CORRECT AS TO EVERY MATERIAL MATTER. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit or abatement if I employ such aliens.

AUTHORIZED SIGNATURE (PURCHASER OR PURCHASER'S AGENT) *	TITLE	DATE ____/____/____
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