

Form ST-5 Sales Tax Exempt Purchaser Certificate

Rev. 6/09

Massachusetts

Department of

Revenue

| Part 1. Exempt taxpayer information. To be completed by exempt government or 501(c)(3) organization. | | | |
|---|---|--|---------------------------|
| DOVE, INC | | | |
| Address Po Box 690267 | | | |
| a uney | | $^{	ext{State}}\mathcal{M}A$ | Zip 02269 |
| O 4 2 66 7808 | | | · |
| 9/28/17 | | Date of expiral | tion of certificate |
| Certification is hereby made that the organization nam or 6(e). All purchases of tangible personal property or property or services are used in the conduct of the bu any unauthorized use of this certificate by any individu | r services by this organization are ex usiness of the purchaser. Any abuse | empt from taxation under said chapte or misuse of this certificate by any tax | r to the extent that such |
| Signature | Title | Date | |
| Warning: Willful misuse of this certificate may res corporations) in fines. Part 2. Agent information. To be corporation. | | | \$10,000 (\$50,000 for |
| Name of agent's organization | | or 501(c)(3) organization. | |
| DOVE, Inc | C | | |
| Address PO BOX 69026 | 7 | | |
| City Quincy MA 02 | -269 | State | Zip |
| Agent's name Susan Chanc | 161 | | |
| Address | | | |
| City | | State | Zip |
| | | | |
| I certify that in making this purchase, I am acting as an Government organization (local public school, city/ Attach Form ST-2, if available. If Form ST-2 is not 501(c)(3) organization (parochial school, Scout tro | town government, state agency, etc available, enter exemption number. | .). if known: | |
| Signature | To cut vo Dicely | Date i し 202 | 0 |
| Part 3. Vendor information | | | |
| Vendor's name | | | |
| Charle and liable have | | | |
| Check applicable box: \Box Single purchase certificate (attach detailed receipts | or complete Part 4. on reverse) | | |
| Planket cartificate | | | |