



# SAGINAW CHIPPEWA INDIAN TRIBE RESIDENT TRIBAL MEMBER

| Part 1: Purchaser                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                          |                                                                                              |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------|
| Purchaser Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Tribal ID Number:                                                                        | Are You Married Or a Joint Owner? <input type="checkbox"/> YES <input type="checkbox"/> NO   |         |
| Social Security Number (last 4 digits) Fed. ID No. or TR No. or ME No. (Tribal Entity):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                          |                                                                                              |         |
| Purchaser's Address (street, city, state zip code):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Is spouse/joint owner a RTM?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Previous Exemption in Last 2 Years? <input type="checkbox"/> Yes <input type="checkbox"/> No |         |
| CONSTRUCTION MATERIALS - AFFIXATION BY RESIDENT TRIBAL MEMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                          |                                                                                              |         |
| <i>Purchases by a Resident Tribal Member of materials for affixation by the Resident Tribal Member for construction, renovation, or improvement of his or her principal residence within the Agreement Area are exempt from both the sales tax and use tax if the transaction takes place in the Agreement Area. Joint purchases (by a RTM and non-member spouse/partner, are limited to 3% sales/use tax exemption (half of the 6% tax rate).</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                          |                                                                                              |         |
| Part 2: Information Required For Material Purchased For Affixation By Resident Tribal Members                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                          |                                                                                              |         |
| Seller's Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Phone:                                                                                   |                                                                                              |         |
| Seller's Address (street, city, state zip code):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Delivery Address (street, city, state zip code):                                         |                                                                                              |         |
| Items to Be Purchased:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                          |                                                                                              |         |
| Physical Address of Real Estate Where Affixation Will Occur (MUST be the same as the purchaser's address) <b>NOTE: You are required to keep invoices and delivery receipts for 4 years to prove delivery within the Agreement Area:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                          |                                                                                              |         |
| CONSTRUCTION MATERIALS - AFFIXATION BY CONTRACTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                          |                                                                                              |         |
| <i>Tangible personal property to be affixed to real estate by a contractor is exempt from both the sales tax and use tax when it is purchased, used or acquired in the performance of a contract for construction, renovation or improvement of the principal residence of a Resident Tribal Member.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                          |                                                                                              |         |
| Part 3: Information Required for Materials Purchased for Affixation By A Contractors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                          |                                                                                              |         |
| Contractor's Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Phone:                                                                                   |                                                                                              |         |
| Contractor's Address (include street, city, state zip code):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                          |                                                                                              |         |
| <b>CONTRACTOR MUST COMPLETE THE FOLLOWING</b> (or provide their own similar statement)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                          |                                                                                              |         |
| Physical Address of Real Estate Where Affixation Will Occur (street, city, state zip code):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                          |                                                                                              |         |
| Date Work Is to Be Performed:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Estimate of the Amount to Be Paid For Materials That Are to Be Affixed:                  |                                                                                              |         |
| <input type="checkbox"/> By checking this box I, <u>the Contractor</u> , am agreeing that an electronic signature has the <b>same legal effect and can be enforced in the same way</b> as a written signature. Furthermore, by typing my name below, I am electronically signing this document. <b><i>I certify that the above information is complete and correct as reported.</i></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                          |                                                                                              |         |
| First Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Middle Initial:                                                                          | Last Name:                                                                                   | Suffix: |
| <b>Responsibility of the Contractor Must:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                          |                                                                                              |         |
| <ul style="list-style-type: none"> <li>- Complete the Michigan Sales and Use Tax Certificate of Exemption (Form 3372), indicating the basis for the exemption claim as "affixation to real estate under a tribal-state tax agreement"</li> <li>- Complete and present the Tribal Certificate of Exemption for Sales and Use Tax (Form 3998), as well as the Michigan Sales and Use Tax Certificate of Exemption (Form 3372), and the Letter of Authorization to the vendor/supplier of the tangible personal property that will be affixed to the real estate.</li> <li>- Retain a copy of the Michigan Sales and Use Tax</li> </ul>                                                                                                                                                                                                                                                                     |                                                                                          |                                                                                              |         |
| <b>CONSTRUCTION PROJECTS SPANNING MULTIPLE YEARS WILL REQUIRE A NEW TRIBAL CERTIFICATE OF EXEMPTION AT THE BEGINNING OF EACH NEW YEAR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                          |                                                                                              |         |
| Part 4 Certification:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                          |                                                                                              |         |
| <input type="checkbox"/> By checking this box I, <u>the Purchaser</u> , am agreeing that an electronic signature has the <b>same legal effect and can be enforced in the same way</b> as a written signature. Furthermore, by typing my name below, I am electronically signing this document. I declare, under penalty of perjury, that the information on this certificate is true, that I have consulted Tribal regulations and other sources of law applicable to my exemption, and that I have exercised reasonable care in assuring that my claim of exemption is valid under the Tax Agreement between the Saginaw Chippewa Indian Tribe and the State of Michigan. In the event this claim is disallowed, I accept full responsibility for the payment of tax, penalty and any accrued interest, including, if necessary, reimbursement to the vendor or the Tribe for tax and accrued interest. |                                                                                          |                                                                                              |         |
| First Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Middle Initial:                                                                          | Last Name:                                                                                   | Suffix: |