

SAGINAW CHIPPEWA INDIAN TRIBE **RESIDENT TRIBAL MEMBER/TRIBAL ENTITY**

Part 1. Purchaser							
Purchaser's Name:			Are you Married (or joint owner)?			Date:	
				_YesN	o		
Purchaser's address:							
Street:		Is spouse/partner SCIT Tribal Member?		Pre	Previous exemption in last 2 years?		
			Yes	No		Yes	No
City:	State:	Zip Co	de:	Telephone Numbe	er:		
Tribal ID Number:	Social Security	Number (Las	st 4 numbers) Fe	d. ID No. or TR No.	or Mi	E No. (Tribal Entity):	

CONSTRUCTION MATERIALS

Affixation by a Resident Tribal Member: 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).

Part 2. Information required for material purchased for affixation by a Resident Tribal Member Seller's Name: Telephone:

Seller's Address:				
Street:	Fax o	or Email Address:		
City:		State:	Zip Code:	
Delivery address:				
Street:				
City:		State:	Zip Code:	
Items to be purchased: (Attach separate sheet it	necessary)			
Physical address of real estate where affixation	will occur (must be the same as the	purchaser's	address):	
Street:				
City:		State:	Zip Code:	

Note: You are required to keep invoices and delivery receipts for 4 years to prove delivery within the Agreement Area.

Continued on reverse side

Email to: BusinessRegulations@sagchip.org or Fax to: (989)775-4107

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CONSTRUCTION MATERIALS

Affixation by a Contractor:

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.

Part 3. Information required for material purchased for affixation by a Contractor						
Contractor's Name:			Telephone:			
Contractor's Address:			!			
Street:	et: Fax or		r Email Address:			
City:		State:	Zip Code:			
Contractor must complete the following Physical address of real estate where affix		ement)				
Street:						
City:		State:	State:			
Date the work is to be performed:	Estimate of the amount to be	Estimate of the amount to be paid for materials that are to be affixed:				
I certify that the above information is comp	lete and correct as reported.					
Signature of Contractor						

Responsibility of the Contractor:

The Contractor Must:

- 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"
- 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.
- Retain a copy of the Michigan Sales and Use Tax Certificate of Exemption, the Tribal Certificate of Exemption and the Letter of Authorization.

Construction projects spanning multiple years will require a new Tribal Certificate of Exemption at the beginning of each new year.

Part 4. Certification

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.

Signature of Resident Tribal Member

Date

Email to: BusinessRegulations@sagchip.org or Fax to: (989)775-4107