



## SAGINAW CHIPPEWA INDIAN TRIBE RESIDENT TRIBAL MEMBER CLAIM

### Part 1: Purchaser Information

Name:		Telephone:	Date:
Street:	City:	State:	Zip Code:
Tribal ID Number:	SSN(Last 4 digits) or FEIN(Tribal Entity):	Will vehicle be titled jointly? <input type="checkbox"/> Y <input type="checkbox"/> N	
		Is joint owner an RTM? <input type="checkbox"/> Y <input type="checkbox"/> N	

### VEHICLES, BOATS, SNOWMOBILES, ORV's

Resident Tribal Members are exempt from both the sales tax and use tax on the following items, regardless of where purchased or used, provided they are purchased for the non-commercial, personal use of the Resident Tribal Member and principally garaged, berthed, or stored within the Agreement Area.

- Passenger vehicles including automobiles, pick-up trucks, recreational vehicles and motorcycles
- Recreational watercraft
- Snowmobiles
- Off-road vehicles

Joint purchases by a Resident Tribal Member and a non-member spouse are limited to a 3% sales/use tax exemption (half of the 6% tax rate). Use tax must be paid on the fair market value of the vehicle if Tribal member moves out of the Tax Agreement Area after receiving a Resident Tribal Member sales tax exemption.

### Part 2: Seller Information

Seller's Name:		Telephone:
Street:	City:	State: Zip Code:

### Part 3: Vehicle Information

Year:	Make:	Model:	Vehicle Id Number (VIN):	Price:
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### Part 4: Certification

Please:  Fax:  OR  Email:  my copy.

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. I have agreed to submit this application by electronic means. By signing this application electronically, I certify under penalty of perjury and false swearing that my answers are correct and complete to the best of my knowledge.

I also certify that:

- I understand the questions and statements on this application.
- I have read and understand the legal information.
- I understand the penalties for giving false information or breaking the rules.
- I understand that the Regulations Office may contact to obtain needed proof of my eligibility
- I understand that failure to report or verify any listed expenses will be seen as a statement by me that I do not want to receive a deduction for the unreported or unverified expenses.

***I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.***

By checking this box **and** typing my name below, I am electronically signing this application.

First Name:	Middle Initial:	Last Name:	Suffix:
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Email to: [BusinessRegulations@sagchip](mailto:BusinessRegulations@sagchip) or Fax to: (989) 775-4107