


Sales Tax Exemption Certificate Multi - Jurisdiction

See page 2 for instructions

Last Name or Business Name		First Name		Middle Initial	
Address					
City		State		ZIP	
I Certify That					
Name of Firm (Buyer) Talents Pharmacy LLC					
Address 1260 S Parker Rd, Suite 203					
City		State		ZIP	
Denver		CO		80231	
Qualifies As (Check each applicable item)					
<input type="checkbox"/> Wholesaler		<input type="checkbox"/> Retailer		<input type="checkbox"/> Manufacturer	
<input type="checkbox"/> Political Subdivision or Governmental Agency		<input type="checkbox"/> Charitable or Religious			
<input checked="" type="checkbox"/> Other (Specify)					
If Other, specify here Closed-door long term care pharmacy					
1) and is registered with the below listed states and cities within which your firm would deliver purchases to us which are for resale or lease by us in the normal course of our business which is a LTC Pharmacy or					
2) that such purchases are exempt from payment of sales or use tax in such states and cities because our buyer is:					
<input type="checkbox"/> Political Subdivision or Governmental Agency		<input type="checkbox"/> Charitable or Religious		<input type="checkbox"/> Otherwise Exempt By Statute (Specify)	
If Otherwise Exempt By Statute, specify here					
City or State Colorado		State Registration or ID Number 95633314		City or State	
City or State		State Registration or ID Number		City or State	
City or State		State Registration or ID Number		City or State	
If the list of states and cities is more than six(G), attach a list to this certificate.					
I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Sale or Use Tax we will pay the tax due direct to proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be called until canceled by us in writing or revoked by the city or state.					
General Description of products to be purchased from seller Medical supplies and equipment					
Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.					
Authorized Signature (Owner, Partner or Corporate Officer) 				Title Owner	
				Date (MM/DD/YY) 01/01/24	