

**ONTARIO RETAIL SALES TAX
PURCHASE EXEMPTION CERTIFICATE**

Blanket



Date: _____

Business Name: _____

Name of Person Authorizing the Purchase: _____

Business Address: _____

Vendor Permit / IRP Cab Number (if applicable): _____

Reason for Claiming Exemption: _____

I am claiming the following exemption from Ontario retail sales tax under the provisions of the *Retail Sales Tax Act* on the purchase of taxable goods, taxable services, contracts of insurance or benefits plan:

- ☐ Taxable Goods or Taxable Services Purchased for Resale
- ☐ Machinery, Equipment, and/or Processing Material Purchased for Manufacturing
- ☐ Equipment, Tools, and/or Machinery used by a Person Engaged in Farming or Fishing
- ☐ Insurance/Benefit Plan
- ☐ Religious, Charitable and Benevolent Organization
- ☐ Hospital Equipment
- ☐ Identity Card Type and Number _____
- ☐ Other (please state exemption) _____

IMPORTANT

The person buying the taxable goods or taxable services, or entering into a contract of insurance or benefits plan for which an exemption is claimed must complete this certificate and give it to the supplier. The supplier is to keep this form as stated in the regulations.

Every person who makes a false statement on a Purchase Exemption Certificate or misuses the certificate is liable, if convicted, to a fine of not less than \$1,000 and an amount of not more than double the amount of the tax that should have been paid, or that was evaded, or to imprisonment for a term of not more than two years, or both.

BLANKET PURCHASE EXEMPTION CERTIFICATE REFERENCE

If a blanket Purchase Exemption Certificate or Identity Card is given to your supplier and you are not a 'G'-Permit holder, a reference to the document in the following form must be imprinted on your purchase order(s):

ONTARIO RETAIL SALES TAX

The contracts of insurance or benefits plan or the taxable goods and taxable services ordered on this purchase order are covered by a blanket Purchase Exemption Certificate or Identity Card in the name of:

Business Name: _____

Business address: _____

RST Vendor Permit No. (if applicable)

Identity Card Type and Number (if applicable)

(Print) Name of Authorized Person