

AFFIDAVIT OF A SCHOOL OR AFFILIATED ORGANIZATION PURCHASING FUNDRAISING MATERIALS

STATE OF MISSISSIPPI, COUNTY OF	BEFORE ME, the
undersigned authority, on this day personally appeared	, of
, who af	(NAME) ter being by me first duly sworn, on oath
(SCHOOL OR AFFILIATED ORGANZIATION) deposed and said:	
Under the penalty of perjury,	
I hereby certify that the organization named above is a school or an organization a am authorized to represent the organization named above in business matters and t property by the school or affiliated organization will be used for the sole purpose organization.	hat all exempt purchases of tangible personal
I understand that a school is defined under Miss. Code Ann. § 27-65-111(ac) as any of instruction to students in any grade from Kindergarten through Grade 12. I under school where the courses of study are limited to specialized subjects such as dance,	rstand that a school does not include a private
I further certify and agree that if the above named school or affiliated organization under Miss. Code Ann. § 27-65-111(ac) for purchases of tangible personal property pay to the Mississippi Department of Revenue the applicable rate of tax, plus applicable rate of interest per month provided in Miss. Code Ann. § 27-65-39.	that the school or affiliated organization will
I affirm that if the above named school or affiliated organization ceases to meet Code Ann. § 27-65-111(ac), prior to December 31, of the current year, the sch vendors that were presented copies of this affidavit so that applicable sales tax rates	ool or affiliated organization will notify the
THIS AFFIDAVIT WILL ONLY SUPPORT THE EXEMPTION OF SALES TAY SOLD TO THE SCHOOL OR AFFILIATED ORGANIZATION THROUGH purchases made after December 31, of the current year will require a new affidavit.	
WITNESS MY SIGNATURE, this the day of	, 20
(PRINTED NAME)	(SIGNATURE)
(STREET ADDRESS)	
(MAILING ADDRESS)	
Telephone Numbers: Work – () Home - (_)
NOTARY PUBLIC ACKNOWLEDGEMEN	Γ
STATE OF MISSISSIPPI, COUNTY OF	
Personally came and appeared before me, the undersigned authority in and for the sa	aid county and state, on this day of
, 20, within my jurisdiction, the within named	, who acknowledged
that he/she is the of (NAME OF SCHOOL OR AFFI	
	and that in said
representative capacity he/she executed the above and foregoing instrument after having	and that in said been duly authorized so to do.
representative capacity he/she executed the above and foregoing instrument after having	and that in said been duly authorized so to do.
representative capacity he/she executed the above and foregoing instrument after having Printed Name:	and that in said