KANSAS DEPARTMENT OF REVENUE

DESIGNATED OR GENERIC EXEMPTION CERTIFICATE

The undersigned purchaser certifies that the tangible personal property or service purchased from:

Seller: _____
Business Name

Business Address: _____
Street, RR, or P.O. Box | City | State | Zip + 4

is exempt from Kansas sales and compensating use tax under K.S.A. 79-3606. The undersigned understands and agrees that if the tangible personal property or services are used other than as stated in its statutory exemption, or are used for any other purpose that is not exempt from sales or compensating use tax, the undersigned purchaser becomes liable for the tax. The unlawful or unauthorized use of this certificate is expressly prohibited, punishable by fine and/or imprisonment.

This certificate shall apply to (check one):

☐ Single Purchase Certificate. Enter the invoice or purchase order #: _____

☐ Blanket Certificate.

Name of Purchaser: The University of Tennessee

Purchaser's EIN: 62-6001636 Foreign Diplomat Number _____

Business Address: 201 Andy Holt Tower | Knoxville | TN | 37996-0100
Street, RR, or P.O. Box | City | State | Zip + 4

Reason for Exemption. Check the appropriate box for the exemption. Since this is a multi-entity form, not all entities are exempt on all purchases. Only those entities that do not have a Kansas Tax-Exempt Entity Exemption Number may use this certificate to claim an exemption. Kansas-based tax-exempt entities are required to have a Kansas Tax Exempt Entity Exemption Number; non-Kansas tax-exempt entities who regularly do business in Kansas are encouraged to apply for a Kansas Tax-Exempt Entity Exemption Number through our web site at www.ksrevenue.org. Tax exempt entities who have been assigned a Kansas Exemption Number (Kansas and non-Kansas based) must use their numbered Tax-Exempt Entity Exemption Certificate (Form PR-78) issued by the Kansas Department of Revenue to claim their exemption; they cannot use this certificate.

- ☐ Drill bits & explosives actually used in oil and gas exploration and production, K.S.A. 79-3606(pp).
- ☐ Educational materials purchased for free public distribution by a nonprofit corporation organized to encourage, foster, and conduct programs for the improvement of public health, K.S.A. 79-3606(ll).
- ☐ Materials purchased by community action groups or agencies to repair or weatherize housing occupied by low income individuals, K.S.A. 79-3606(oo).
- ☐ Medical supplies and equipment purchased by a nonprofit skilled nursing home or intermediate nursing care home, K.S.A. 79-3606(hh).
- ☐ Qualified machinery and equipment purchased by an over-the-air free access radio or TV Station, K.S.A. 79-3606(zz).
- ☐ Seeds, tree seedlings, fertilizers and other chemicals, and services used to grow plants to prevent soil erosion on agricultural land, K.S.A. 79-3606(mm).
- ☐ Foreign Diplomat.
- ☐ Newly Legislated Exemption. Briefly describe the exemption and enter the statute reference or enter the year and number of the Bill authorizing the exemption. _____
- ☐ Community-based mental retardation facility or mental health center, K.S.A. 79-3606(jj).
- ☐ Elementary or secondary school (public, private or parochial), K.S.A. 79-3606(c).
- ☐ Habitat for Humanity, K.S.A. 79-3606(ww).
- ☐ Noncommercial educational TV or radio station, K.S.A. 79-3606(ss).
- ☐ Nonprofit blood, tissue or organ bank, K.S.A. 79-3606(b).
- ☒ Nonprofit public or private educational institution, K.S.A. 79-3606(c).
- ☐ Nonprofit hospital or public hospital authority, K.S.A. 79-3606(b).
- ☐ Nonprofit museum or historical society, K.S.A. 79-3606(qq).
- ☐ Nonprofit, nonsectarian youth development organization, K.S.A. 79-3606(ii).
- ☐ Nonprofit religious organization, K.S.A. 79-3606(aaa).
- ☐ Nonprofit zoo, K.S.A. 79-3606(xx).
- ☐ Parent-Teacher Association or Organization, K.S.A. 79-3606(yy).
- ☐ Primary care clinics and health centers serving the medically underserved, K.S.A. 79-3606(ccc).
- ☐ Rural volunteer fire fighting organization, K.S.A. 79-3606(uu).

Authorized Signature: _____ Employer ID Number (EIN): 62-6001636
Officer, Office Manager or Administrator

Printed Name: _____ Date: _____

THIS CERTIFICATE MUST BE COMPLETED IN ITS ENTIRETY.

PLEASE REFER TO THE INSTRUCTIONS FOR USE OF THIS CERTIFICATE ON THE REVERSE.