

ST-4 (09-16, R-16)

State of New Jersey
DIVISION OF TAXATION

SALES TAX

FORM ST-4

ELIGIBLE NONREGISTERED
PURCHASER: SEE INSTRUCTIONS **

PURCHASER'S NEW JERSEY
TAXPAYER REGISTRATION NUMBER*

22-3586914

EXEMPT USE CERTIFICATE

To be completed by purchaser and given to and retained by seller.
Please read and comply with the instructions given on both sides of this certificate.

TO Desert Fox Golf Date 9/1/23
(Name of Seller)
40 W. Baseline Rd Suite 118 Mesa, AZ 85210
Address City State Zip

The undersigned certifies that there is no requirement to pay the New Jersey Sales and/or Use Tax on the purchase or purchases covered by this Certificate because the tangible personal property or services purchased will be used for an exempt purpose under the Sales & Use Tax Act.

The tangible personal property or services will be used for the following exempt purpose*:

The product purchased will be given out at our Survivor Golf Classic event, not for resale. We are 501 C3 organization

The exemption on the sale of the tangible personal property or services to be used for the above described exempt purpose is provided in subsection N.J.S.A. 54:32B- [] (See reverse side for listing for principal exempt uses of tangible personal property or services and fill in the block with proper subsection citation).

I, the undersigned purchaser, have read and complied with the instructions and rules promulgated pursuant to the New Jersey Sales and Use Tax Act with respect to the use of the Exempt Use Certificate, and it is my belief that the seller named herein is not required to collect the sales or use tax on the transaction or transactions covered by this Certificate. The undersigned purchaser hereby swears under the penalties for perjury and false swearing that all of the information shown in this Certificate is true.

Garden State Survivors New Jersey Cops Chapter
NAME OF PURCHASER* (as registered with the New Jersey Division of Taxation)

PO Box 322 Beachwood NJ 08722 or
(Address of Purchaser)* 5941 Scranton Ave, Mansfield NJ 08330

Non-Profit 501 C3
TYPE OF BUSINESS*

By Lynn Resear President
(Signature of owner, partner, officer of corporation, etc.)* (Title)

*Required

MAY BE REPRODUCED
(Front & Back Required)