Letter ID: L1083729536 Notice Date: December 3, 2018 MA Taxpayer ID: 11198327



## CERTIFICATE OF EXEMPTION



| III | III

Attached below is your Certificate of Exemption (Form ST-2). Cut along the dotted line and display at your place of business. You must report any change of name or address to us so that a revised ST-2 can be issued.

## **DETACH HERE**



## MASSACHUSETTS DEPARTMENT OF REVENUE

Form ST-2

Certificate of Exemption

ENDICOTT COLLEGE 376 HALE ST BEVERLY MA 01915-2098 MA Taxpayer ID: 11198327 Certificate Number: 461631488

This certifies that the organization named above is an exempt purchaser under Chapter 64H, section 6(d) or (e) of the Massachusetts General Laws. All purchases of tangible personal property by this organization are exempt from taxation to the extent that such property is used in the conduct of the business of the purchaser. Misuse of this certificate by any tax-exempt organization or unauthorized use of this certificate by any individual will lead to revocation. Willful misuse of this certificate is subject to criminal sanctions of up to one year in prison and \$10,000 (\$50,000 for corporations) in fines. This certificate is non-transferable and may be suspended or revoked for failure to comply with state laws and regulations.

Effective Date: January 4, 2019 Expiration Date: January 3, 2029



## Form ST-5 Sales Tax Exempt Purchaser Certificate

Rev. 6/09

Massachusetts

Department of

Revenue

Name	Endicott College				
Address	376 Hale Street				
City	Beverly	State	MA	Zip	01915
Exemption	11198327	-			
Issue date	January 4, 2019		of expiration		
or 6(e). A property any unau	ion is hereby made that the organization named above is an exempt purchaser under Massachusetts Call purchases of tangible personal property or services by this organization are exempt from taxation upor services are used in the conduct of the business of the purchaser. Any abuse or misuse of this cert athorized use of this certificate by any individual constitutes a serious violation and will lead to revocati	nder said ificate by	chapter	to the e	extent that such
Signature	Audin Associate VP of Finance	Date	7/26/2	2023	
Part 2	2. Agent information. To be completed by agent of exempt government or 501(c)(3) organization gent's organization	n.			
Address					
City		State		Zip	
Agent's na	me			-10-1010	
Address					
City		State	100 N - 11 - 12 - 12 - 12 - 12 - 12 - 12 -	Zip	
☐ Gover Attach	nat in making this purchase, I am acting as an agent for the exempt organization named above (select imment organization (local public school, city/town government, state agency, etc.).  I Form ST-2, if available. If Form ST-2 is not available, enter exemption number, if known:	one):	223301100000000000000000000000000000000		
Signature	Title	Date			
Part 3	3. Vendor information				
Single	plicable box: purchase certificate (attach detailed receipts or complete Part 4, on reverse) t certificate	(2)			