

Sales Tax Exemption Certificate Multi - Jurisdiction

See page 2 for instructions						
Last Name or Business Name		First Name			CONTROL OF THE CONTRO	Middle Initial
Address						
City			State	ZIP		
	1	Contifue That				
Name of Firm (Buyer)		Certify That				
Lita Dirks & Co., LLC						
Address 5300 DTC Parkway, Suite 15	0					
City			State	ZIP		
Greenwood Village			CO	80111		
Qualifies As (Check each applicable item)						
☐Wholesaler	☐ Retailer	☐ Manufa	cturer		☐ Charitable or I	Religious
☐ Political Subdivision or Governmental Agency ☑ Other (Specify)						
If Other, specify here Reseller						
1) and is registered with the be	elow listed states and citic	es within which you	r firm w	ould dolive	r purchases to us	
Ty and is registered with the bo	now listed states and offic	55 WILLIII WILICH YOU	- IIII W	ould delive	purchases to us	
which are for resale or lease b	y us in the normal course	of our business wh	ich is L	Interior De	sign / Merchandis	ing or
2) that such purchases are ex-	empt from payment of sale	es or use tax in su	ch state	s and cities	s because our buye	er is:
☐ Political Subdivision or Gov	ernmental Agency C	Charitable or Religio	ous \square	Otherwise	e Exempt By Statu	te (Specify)
If Otherwise Exempt By Statue, spec	ify here					
City or State State Registration or ID Number City or S			ate State Registration		State Registration or	ID Number
COLORADO	09752480000	1 '	FLORIDA		78-8017087397-7	
City or State	State Registration or ID Numb	per City or State	1			ID Number
NEW YORK	84-1301802	VIRGINIA			0018981564	
City or State	State Registration or ID Numb	per City or State			State Registration or	ID Number
NEW JERSEY	841-301-802/000	PENNSYL	PENNSYLVANIA		67643801	
If the list of states and cities I further certify that if any prop Use Tax we will pay the tax dutax billing. This certificate shall shall be called until canceled General Description of products to be	erty so purchased tax free ue direct to proper taxing Il be part of each order wl by us in writing or revoke	e is used or consul authority when sta hich we may herea	med by ite law s after giv	the firm as	s or inform the sell	er for added
Furniture / Home Furnishings						
Under penalties of perjury, I sw	ear or affirm that the infor	rmation on this forr	n is true	and corre	ct as to every mate	erial matter.
Authorized Signature (owner, Partner	or Corporate Officer)	Title			-	Date (MM/DD/YY)
Sugan Monts	Manager of	Manager of Operations			o 3/3/23	