

VA Dept. of Taxation
Form ST-12
6201059
Rev. 10/06

COMMONWEALTH OF VIRGINIA
SALES AND USE TAX CERTIFICATE OF EXEMPTION

(For use by the Commonwealth of Virginia, a political subdivision
of the Commonwealth of Virginia, or the United States)

To: _____ Date: _____ , _____.
(Name of Dealer)

(Number and street or rural route) (City, town, or post office) (State) (Zip Code)

The Virginia Retail Sales and Use Tax Act provides that the Virginia sales and use tax shall not apply to tangible personal property for use or consumption by this State, any political subdivision of this State, or the United States. (This exemption does not apply to sales or leases to privately owned financial and other privately owned corporations chartered by the United States.)

The undersigned, for and on behalf of the governmental agency named below, hereby certifies that all tangible personal property purchased or leased from the above dealer on and after this date will be for use or consumption by a governmental agency, that each such purchase or lease will be supported by the required official purchase order, and that such tangible personal property will be paid for out of public funds: (Check proper box below.)

- ☐ 1. Tangible personal property for use or consumption by the Commonwealth of Virginia.
☐ 2. Tangible personal property for use or consumption by a political subdivision of the Commonwealth of Virginia.
☐ 3. Tangible personal property and taxable services for use or consumption by the United States.

(Name of governmental agency)

(Number and street or rural route) (City, town, or post office) (State) (Zip Code)

I certify I am authorized to sign this Certificate of Exemption and that, to the best of my knowledge and belief, it is true and correct, made in good faith, pursuant to the Virginia Retail Sales and Use Tax Act.

By: _____
(Signature) (Title)

Information for dealer: — A dealer is required to have on file only one Certificate of Exemption properly executed by the governmental agency buying or leasing tax exempt tangible personal property under this Certificate.



Account # _____

Please check the items that you do not want to be taxed when purchased from Covetrus North America.

Companion Animal

- | | |
|---|--|
| <input type="checkbox"/> Pet Supplies (ex. toys, collars, leashes) | <input type="checkbox"/> Non Prescription Dispensed Drugs |
| <input type="checkbox"/> Prescription Diets | <input type="checkbox"/> Prescription Dispensed Drugs |
| <input type="checkbox"/> Non-Prescription Diets | <input type="checkbox"/> Non Prescription Injectable Drugs |
| <input type="checkbox"/> E-Collars | <input type="checkbox"/> Prescription Injectable Drugs |
| <input type="checkbox"/> Vitamins/Supplements/Nutraceuticals | <input type="checkbox"/> Vaccines |
| <input type="checkbox"/> Non Prescription Flea & Tick (ex. Frontline) | <input type="checkbox"/> Prescription Flea & Tick (ex. Comfortis) |
| <input type="checkbox"/> Insulin Syringes | <input type="checkbox"/> Diabetic Supplies (ex. meters, test strips, etc...) |

Large Animal

- ☐ Non Prescription Dispensed Drugs
- ☐ Prescription Dispensed Drugs
- ☐ Non Prescription Injectable Drugs
- ☐ Prescription Injectable Drugs
- ☐ Vaccines

Equine

- ☐ Non Prescription Dispensed Drugs
- ☐ Prescription Dispensed Drugs
- ☐ Non Prescription Injectable Drugs
- ☐ Prescription Injectable Drugs
- ☐ Vaccines

General

- | | |
|---|--|
| <input type="checkbox"/> Syringes & Needles | <input type="checkbox"/> Administration Devices (ex. IV sets, catheters) |
| <input type="checkbox"/> Dispensing Supplies (ex. bottle, caps, labels) | <input type="checkbox"/> Medical Supplies (ex. gauze, tape, bandages) |
| <input type="checkbox"/> Clinic Supplies (ex. cleaners, gloves, scrubs) | <input type="checkbox"/> Diagnostic Kits |
| <input type="checkbox"/> Tools | <input type="checkbox"/> Equipment |

I understand that items that I use or administer in my practice are considered consumed by me and tax is due at the time of purchase. I certify that I may resell in their same form any/all items that I have indicated above or cannot, at the time of purchase, identify if I will use, use in an exempt manner, or resell the products I purchase. Accordingly, please do not tax me on any items indicated. If any additional tax is due, I will pay the tax directly to the jurisdiction or contact Covetrus North America to bill me the additional tax.

Signature _____

Date _____