



New York State Department of Taxation and Finance  
**New York State and Local Sales and Use Tax**  
**Exempt Organization**  
**Exempt Purchase Certificate**

**ST-119.1**  
 (10/11)

Single purchase certificate

Your exempt organization number  
 is **not your federal employer**  
 identification number (see instructions).

Exempt organization number (6-digit number  
 Issued by the New York State Tax Department)

Blanket certificate

EX - 1 | 1 | 1 | 5 | 9 | 9

Name of seller			Name of exempt organization/purchaser		
Street address			Street address		
City	State	ZIP code	City	State	ZIP code
			CLINTON,	NY	13323
Name of seller			Name of exempt organization/purchaser		
Street address			Street address		
City	State	ZIP code	City	State	ZIP code
			CLINTON,	NY	13323

The exempt organization **must be the direct purchaser and payer of record.**

You may **not** use this form to purchase motor fuel or diesel motor fuel exempt from tax.

**Representatives of governmental agencies or diplomatic missions** may not use this form.

**Carefully read** the instructions and other information on the back of this document.

I certify that the organization named above holds a valid Form ST-119, *Exempt Organization Certificate*, and is exempt from New York State and local sales and use taxes on its purchases.

**Certification:** I certify that the above statements are true, complete, and correct, and that no material information has been omitted. I make these statements and issue this exemption certificate with the knowledge that this document provides evidence that state and local sales or use taxes do not apply to a transaction or transactions for which I tendered this document and that willfully issuing this document with the intent to evade any such tax may constitute a felony or other crime under New York State Law, punishable by a substantial fine and a possible jail sentence. I understand that this document is required to be filed with, and delivered to the vendor as agent for the Tax Department for the purposes of section 1838 of the Tax Law and is deemed a document required to be filed with the Tax Department for the purpose of prosecution of offenses. I also understand that the Tax Department is authorized to investigate the validity of tax exclusions or exemptions claimed and the accuracy of any information entered on this document.

Print or type name of officer of organization Karen L. Leach	Title Vice President, Administration & Finance
Signature of officer of organization 	Date issued 01/22/15

**Need help?**



Visit our Web site at [www.tax.ny.gov](http://www.tax.ny.gov)

- get information and manage your taxes online
- check for new online services and features



**Telephone assistance**

**Sales Tax Information Center:** (518) 485-2889  
 To order forms and publications: (518) 457-5431



**Text Telephone (TTY) Hotline** (for persons with hearing and speech disabilities using a TTY): If you have access to a TTY, contact us at (518) 485-5082. If you do not own a TTY, check with independent living centers or community action programs to find out where machines are available for public use.



**Persons with disabilities:** In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, call the information center.