From: Tax Accounting Office
To: CSU Faculty and Staff
Re: Instructions – Colorado Certificate of Exemption

Dear CSU Faculty and Staff,

Colorado State University is exempt from Colorado state-administered sales tax on purchases made for official university business using university funds. To utilize this exemption:

Present the Certificate of Exemption (Form DR 0160)
- Always present Form DR 0160 (attached) to the vendor to confirm CSU's tax-exempt status.
- Ensure purchases are made with university funds (e.g., procurement card or purchase order).

Complete the Declaration of Sales Tax Exemption (Form DR 5002) If Requested
- If the vendor requests additional documentation, complete and sign Form DR 5002 (attached):
  - **Line 3b:** Mark the type of qualifying payment.
  - **Line 5:** Provide your signature, printed name, title, and date.
- Employees without delegated signature authority may complete and sign this form as confirmed by CSU's Office of General Counsel.

Verification of Exemption
- Vendors wishing to verify CSU's tax-exempt status may visit the Colorado Department of Revenue's **Revenue Online** portal at: https://www.colorado.gov/revenueonline/_/#1.
- Vendors should enter CSU's exemption number: **09802381**.

Important Notes
- Vendors may request additional documentation to confirm CSU's tax-exempt eligibility.
- Some vendors may choose not to honor the exemption. If refused, consider selecting another supplier.
- This exemption applies only to purchases made with CSU funds for official university use. Personal or reimbursable purchases are not eligible.

For assistance, contact the Tax Accounting Office at **BFS_Tax_Accounting@Mail.ColoState.EDU**.

Sincerely,

Colorado State University
Business & Financial Services
Tax Accounting Office

CERTIFICATE OF EXEMPTION FOR COLORADO STATE SALES/USE TAX ONLY

**THIS LICENSE IS
NOT TRANSFERABLE**

USE ACCOUNT NUMBER for all references	LIABILITY INFORMATION		ISSUE DATE
98-02381-0000	06 031	N 100179	OCT 12 2001

202 JOHNSON HALL   FT COLLINS CO

ll.lll....l.l....l.l..l.l..ll.ll...ll...ll.....lll....l.l.l.l.l

COLO DEPT OF HIGHER EDUCATION
COLORADO STATE UNIVERSITY
202 JOHNSON HALL
FT COLLINS CO 80523-0001

Fred Fisher

Executive Director
Department of Revenue

Declaration of Wholesale or Entity Sales Tax Exemption

1. Purchaser Information	License or Exemption Information
Legal Name	Sales Tax License or Exemption Number
Trade Name (if different)	State Expiration Date
Mailing Address	Phone Number
City	State ZIP Code

2. Wholesale Exemption. Mark the type of exemption, and describe your ordinary course of business.

Ordinary Course of Business, including the product(s) manufactured and/or sold:

☐ Purchase for Resale

☐ Manufacturing - Mark one of the following:

    ☐ Ingredients or Component Parts

    ☐ Machinery, Machine Tools, and Parts

    ☐ Testing, Modification, or Inspection

3. Entity Exemption. Enter a and b as required.

a. Mark the type of entity.

☐ 501(c)(3) Charitable Organization   ☐ 501(c)(19) Veterans' Organization

☐ U.S. or Colorado State or Local Government   ☐ Affordable Housing Project

☐ Tribe or Member – For sales on or delivered to a Colorado reservation. Mark the type of qualifying purchaser:

    ☐ Tribal Government   ☐ Enrolled Tribal Member

    ☐ Entity owned by tribe or member – Enter the total tribal ownership percentage:

b. Mark the type of qualifying payment, unless the exemption is for a tribal member or entity owned by a tribe or member.

☐ Purchase Authorization to be paid later

☐ Cash with a purchase order from the entity   ☐ Check issued by the entity

☐ U.S. Government GSA SmartPay3 Card   ☐ Colorado State or Local Government Credit Card

☐ Non-Government Credit Card bearing the entity name or branded for commercial use

4. Other Exemption. Describe the exemption claimed and how your purchase qualifies.

Exemption Claimed	Qualifications

5. Purchaser Signature

I declare that the purchases I make using this form qualify for exemption from Colorado sales and use taxes as entered above, and that I am the purchaser or have the authority to execute this form on behalf of the purchaser.

Printed Name	Title
Signature	Date (MM/DD/YY)