



— DEPARTMENT OF —
REVENUE
 STATE OF MISSISSIPPI

**AFFIDAVIT FOR
 UTILITY EXEMPTION**

Form 72-15-06

STATE OF MISSISSIPPI, COUNTY OF _____ **BEFORE ME**, the undersigned authority, on
 this day personally appeared _____ of _____,
 (County of Notary Public) (Organization Representative's Name) (Organization Name)
 who after being by me first duly sworn, on oath depose and said:

Under the penalty of perjury, I hereby certify that the organization named above is a (Choose only ONE of the following entities)

- ☐ **Manufacturer.** I further certify that purchases of electricity, current, power, natural gas, liquefied petroleum gas or other fuel sold to the organization named above will be utilized directly in the organization's commercial operations and meets the criteria provided for in Miss. Code Ann. § 27-65-107(f).
- ☐ **Custom Processor.** I further certify that purchases of electricity, current, power, natural gas, liquefied petroleum gas or other fuel sold to the organization named above will be utilized directly in the organization's commercial operations and meets the criteria provided for in Miss. Code Ann. § 27-65-107(f).
- ☐ **Technology Intensive Enterprise.** I further certify that purchases of electricity, current, power, natural gas, liquefied petroleum gas or other fuel sold to the organization named above will be utilized directly in the organization's commercial operations and meets the criteria provided for in Miss. Code Ann. § 27-65-17(1)(f).
- ☐ **Public Service Company.** I further certify that the purchases of electricity, current, power, natural gas, liquefied petroleum gas or other fuel sold to the organization named above will be utilized directly in the organization's commercial operations and will be used for industrial purposes which includes that used to generate electricity, to operate an electrical distribution or transmission system, to operate pipeline compressors or pumping stations or to operate railroad locomotives. See Miss. Code Ann. § 27-65-107(f).
- ☐ **Agricultural Producer or Processor.** I further certify that the purchases of electricity, current, power, natural gas, liquefied petroleum gas or other fuel sold will be used directly by the producer or processor named above in the production of poultry products, livestock products, domesticated fish products, marine agriculture products, milk products, the production of plants or food by commercial horticulturists, the processing of poultry and livestock feed and the irrigation of farm crops. See Miss. Code Ann. § 27-65-107(g).
- ☐ **Fisherman, Shrimper or Oysterman.** See Miss. Code Ann. § 27-65-107(h).

Furthermore, I certify and agree that if the above-named organization or I fail to adhere to the selected provision provided above, that the above-named organization and/or I will pay to the Mississippi Department of Revenue the difference between the rate paid to vendors when making eligible purchases as described herein and the regular retail rate of sales tax. Moreover, I acknowledge that failure to adhere to the provisions provided herein will result in tax being due and payable at the seven percent (7%) retail rate, a fifty percent (50%) fraud penalty and the applicable rate of interest per month provided in Miss. Code Ann. § 27-65-39, from the date of purchase until this additional tax is paid to the Mississippi Department of Revenue. Finally, I acknowledge that if the organization ceases operating as the selected eligible organization I will notify the dealer so that applicable sales tax rates may be charged on future purchases, and that failure to notify the dealer will result in liability to the organization for the tax due, including penalty and interest, as stated above.

Visit our website at www.dor.ms.gov for more information concerning each exemption.

WITNESS MY SIGNATURE, this the _____ day of _____, 20_____.

 (Representative's Printed Name)

 (Representative's Signature)

 (Organization's Mailing Street Address, City, State, Zip Code)

Work Phone # () - Alt. Phone # () - Email _____

NOTARY PUBLIC ACKNOWLEDGMENT

STATE OF MISSISSIPPI, COUNTY OF _____
 (County of Notary Public)

Personally appeared before me, the undersigned authority in and for the said county and state, on this _____ day of _____,
 20_____, within my jurisdiction, the within named _____, who acknowledged that he/she is the
 _____ of _____ and that in said representative capacity
 Representative's Name Representative's Relationship/Position Organization's Name
 he/she executed the above and foregoing instrument after have been duly authorized to do so.

Notary Public Name: _____

[Place Seal Here]

Signature: _____

Commission Expiration: _____