## CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION

## STATEMENT CONCERNING PROPERTY PURCHASED WITHOUT PAYMENT OF CALIFORNIA SALES TAX

NAME OF PURCHASER OR AUTHORIZED REPRESENTATIVE

					FOR CDTFA USE ONLY	
					OMA: Auditor's Initials:	
		rm within 10 days by ema r's email address in the o				
	nay be mailed to	i 3 Girian addiess in the t	o or your erriall.		or faxed to	
NAME OF SELLER FROM WHOM YOU PURCHASED ITEMS WITHOUT SALES TAX				SELLER'S PE	SELLER'S PERMIT NUMBER	
	INVOIGE NUMBER	PURCHASE ORDER	AMOUNT	DESCRIPTION		
DATE	INVOICE NUMBER	NUMBER	AMOUNT		DESCRIPTION	
Please check section below		es) below. If none of thes	e apply to your p	ourchase, plea	ase explain in the comments	
		erty for resale and resold we held it for sale in the			ırpose other than retention,	
•		erty for resale, and it is p ation, or display while we	•	•	e do not use it for any purpose course of business.	
		erty for leasing, and we p ministration (CDTFA) wit			eipts directly to the California s.	
We purch	nased the above prope	erty for our own use and	not for resale, ar	nd		
	paid tax in the amount rting period	of \$directl	y to CDTFA with	our sales and	use tax return for the	
The	seller added tax in the	e amount of \$	to the billing, a	and we paid th	e tax to the seller.	
The	purchase is a taxable	transaction, and tax is d	ue.			
COMMENTS						
NATURE OF BUSINE	SS					
NAME OF BUSINESS		leci i i	ER'S PERMIT NUMBER (if	annlicable)	EMAIL ADDRESS	
OF BOOMESS	-	SELLI	OI ELWIN HOWDEN	applicable)		
ADDRESS (street, cit	y, state, ZIP Code)					

DAYTIME TELEPHONE NUMBER