

Name of purchaser, firm or agency

Arrow Child & Family Ministries

Address (Street & number, P.O. Box or Route number)

TEXAS SALES AND USE TAX EXEMPTION CERTIFICATION

2929 FM 2920	281-2	10-1500
City, State, ZIP code Spring, TX 77388		
I, the purchaser named above, claim an exemption items described below or on the attached order or it	from payment of sales and use tax	es (for the purchase of taxable
Seller:		
Street address:	City, State, ZIP code:	
Description of items to be purchased or on the attached or	rder or invoice:	
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Purchaser claims this exemption for the following reason Non-Profit Organization		
I understand that I will be liable for payment of sales or use Tax Code: Limited Sales, Excise, and Use Tax Act; Munic Authorities; County Sales and Use Tax Act; County Healt Provisions Relating to Hospital Districts, Emergency Serv of 125,000 or less.	pal Sales and Use Tax Act; Sales and U h Services Sales and Use Tax; The Te:	se Taxes for Special Purpose Taxing xas Health and Safety Code; Special
I understand that it is a criminal offense to give an exemption will be used in a manner other than that expressed in this conform a Class C misdemeanor to a felony of the second d	ertificate and, depending on the amount	ns that I know, at the time of purchase, of tax evaded, the offense may range
sign \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Title	Date
sign here Maule L. Wager	CFO	8/31/2020

EIN #74-2622426

Phone (Area code and number)

NOTE: This certificate cannot be issued for the purchase, lease, or rental of a motor vehicle.

THIS CERTIFICATE DOES NOT REQUIRE A NUMBER TO BE VALID.

Sales and Use Tax "Exemption Numbers" or "Tax Exempt" Numbers do not exist.

This certificate should be furnished to the supplier. Do not send the completed certificate to the Comptroller of Public Accounts.