CERTIFICATE OF TAX EXEMPT INCOME

STATEMENT OF EXEMPTION

Taxpayer Name: _____

Taxpayer Identification Number (TIN): _____

Address: _____

Tax Year / Period: _____

Filing Status: _____

This document certifies that the income specified below, received by the aforementioned taxpayer during the tax period commencing on _____ and ending on _____, is exempt from taxation under the provisions of the prevailing tax laws and regulations of _____.

Source / Type of Income	Legal Authority / Provision	Amount Exempted

I declare under the penalties of perjury that I have examined this statement, including any accompanying schedules, and to the best of my knowledge and belief, it is true, correct, and complete.

_____

Taxpayer / Authorized Representative Signature

Date: _____

_____

Certifying Officer / Authority Signature

Date: _____