



Pokégnek Bodéwadmik · Pokagon Band of Potawatomi

Department of Finance

Box 180 · 58620 Sink Road · Dowagiac, MI 49047 · www.PokagonBand-nsn.gov
(269) 462-4200 · (269) 782-6882 fax

READ INSTRUCTIONS ON BACK BEFORE COMPLETING FORM

REQUEST FOR SALES TAX EXEMPTION FOR VEHICLE PURCHASE

Date: _____

To Pokagon Band Finance Department: I, (name) _____, would like to request a tribal certificate of exemption for the purchase/lease of a vehicle.

By signing below, I understand and agree to the following, pursuant to the Tax Agreement (TA) between Pokagon Band and the State of Michigan:

- I vow that I am currently residing at the residence below, which is the residence I have signed up at, as a Resident Tribal Member with the State of Michigan.
- I understand that if I subsequently transfer this vehicle to a non-Resident Tribal Member relative and the transfer would be exempt under MCL 205.93(3)(a) of the Tax Act, I will need to reimburse the State an amount equal to the current sales or use tax rate times the retail dollar value of the item at the time of the transfer. The reimbursement shall be paid to the Department of Treasury within 30 days of the transfer. Such reimbursement will not be required where the retail dollar value at the time of transfer is below \$2,000 for a passenger vehicle, or is below \$1,000 for other enumerated items.

INITIAL ONE choice:

_____ I vow that this vehicle is being purchased in my name only, in order to qualify for the full tax exemption.
(initial) I also vow that the vehicle will principally reside at the residence below, and that the vehicle is not being purchased for business use.

OR

_____ I vow that this vehicle is being purchased by myself and my non-RTM spouse, and is exclusively titled in
(initial) both of our names, in order for me to qualify for the 50% tax exemption. I also vow that the vehicle will principally reside at the residence below, and that the vehicle is not being purchased for business use.

RTM Information:

Print Name: _____

Sign Name: _____

Address: _____

City/State/Zip: _____

Enrollment #: _____ SS# (last 4 digits): _____

Contact Phone#: _____

Vehicle Information:

Seller Name: _____

Seller Address: _____

City/State/ZIP: _____

Vehicle Year/Make/Model: _____

Vehicle Identification # **(17 digits)**: _____

Contact Name (if dealer): _____

Contact Phone/Fax (if dealer): _____

*A proud, compassionate people committed to strengthening our sovereign nation.
A progressive community focused on culture and the most innovative opportunities for all of our citizens.*

PURPOSE

PRINCIPAL PURPOSE(S): To provide an automated means for submitting the Request for Sales Tax Exemption for Vehicle Purchase for individuals that qualify as Resident Tribal Members and are eligible to receive a certificate of sales tax exemption on a purchase of a vehicle, as required by the Tribal State Tax Agreement between the Pokagon Band of Potawatomi and the State of Michigan.

DISCLOSURE: The Sales Tax Exemption does not apply to all tribal citizens.
Each individual tribal citizen must:

1. Completed the Resident Tribal Member Application
2. Register with the State of Michigan as a State Tax Exempt Resident Tribal Member
3. Verified eligibility with the Pokagon Band Finance Department.

Certification for Sales Tax Exemption is voluntary; however, failure to furnish the requested information may result in denial of Sales Tax Exemption.

PENALTY: Penalties for submission of false claims for Sales Tax Exemption may include, but are not limited to potential criminal or civil penalties, in addition to termination of employment or removal from office.

INSTRUCTIONS

REQUIRED ITEMS:

Purchaser Information:

Date
Name
Initial(s) (select one choice only)
Print Name
Sign Name
Address
City/State/Zip
Enrollment #
SS# (last 4 digits)
Contact Phone #

Dealer or Seller Information:

Seller Name
Seller Address
City/State/Zip
Vehicle Year/Make/Model
Vehicle Identification # (17 digits)
Contact Name (if dealer)
Contact Phone/Fax (if dealer)

Digital email signatures are an acceptable form of signature.

SUBMITTAL

Once the form has been completed, attach the document to an email and send to:
StateTax@Pokagonband-nsn.gov. Or fax the form to (269) 782-6882.

POKAGON BAND FINANCE DEPARTMENT CONTACT

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