



# Motor Vehicle Rental Exemption Certificate

THIS EXEMPTION CERTIFICATE IS NOT VALID FOR TAX-FREE REGISTRATION.  
THIS EXEMPTION CERTIFICATE MUST BE ATTACHED TO THE RENTAL CONTRACT.

Make of Vehicle	<input type="text"/>	Motor or Vehicle Identification Number	<input type="text"/>
Year Model	<input type="text"/>	Body Style	<input type="text"/>
		License Number	<input type="text"/>

The undersigned claims exemption from payment of motor vehicle gross rental receipts tax under the Taxes of Sale, Rental and Use of Motor Vehicle Law (TEX.TAX CODE ANN.ch.152), on the rental of the above described motor vehicle from:

Vehicle Owner	<input type="text"/>
Address	<input type="text"/>
City, State, ZIP Code	<input type="text"/>

Renter Claims this exemption for the following reason:

- |   |   |
|---|---|
| <input type="checkbox"/> A Public Agency  | <input type="checkbox"/> Rent for Re-Rental   |
| <input type="checkbox"/> A church or religious society<br>Vehicle rented meets the following requirements:<br>*designed to carry more than six (6) passengers<br>*primary use must be for providing transportation to and from church or religious services or meetings | <input type="checkbox"/> Farm or ranch use (farm trailer, semi-trailer, farm machinery)<br>Vehicle rented meets the following requirements:<br>*a trailer used primarily for farming and ranching<br>*a self-propelled motor vehicle must have been modified to perform some specialized farm/ranch related function other than transportation; such as applying or dispensing agricultural products, plant food materials or feed for live stock |
| <input type="checkbox"/> As residential child-care facility licensed under Chapter 42 of the Human Resources Code to care for both children who do not require specialized care <u>and</u> children who are emotionally disturbed                                       |   |

I declare that the information contained in this document and any attachments is true and correct to the best of my knowledge and belief.

Exempt Person or Organization	<input type="text"/>
Authorized Person Sign Here:	<input type="text"/>
Address (Street & Number)	<input type="text"/>
City, State, ZIP Code:	<input type="text"/>

**NOTE:** THIS FORM MAY BE REPRODUCED, BUT MUST BE SUBSTANTIALLY IN THE FORM SET OUT ABOVE. DO NOT SEND THE COMPLETED EXEMPTION CERTIFICATE TO THE COMPTROLLER OF PUBLIC ACCOUNTS.