

# CALIFORNIA

## PARTIAL SALES AND USE TAX EXEMPTION FOR MANUFACTURING AND R&D EQUIPMENT EQUIPMENT ELIGIBILITY CHECKLIST

Business Unit: \_\_\_\_\_ Fund Code: \_\_\_\_\_ Department Code: \_\_\_\_\_

Department contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ PO #: \_\_\_\_\_

Vendor: \_\_\_\_\_ Is the vendor registered to collect CA tax? Yes No

Does vendor require exemption certificate? Yes No

### OVERVIEW OF EQUIPMENT AND RESEARCH ACTIVITIES

1. Description of the equipment and how it will be used in the research and development process.

2. Briefly describe the product(s) and/or processes that are being created or improved by the research and development activities.

3. Specify the areas of research and development (Check all research areas which apply):

**NAICS Code 541711** - Research and development in Biotechnology (involves the study of the use of Microorganisms and cellular and bio-molecular processes to develop or alter living or non-living materials)

**NAICS Code 541712** – Research and development in the physical, engineering and life sciences (other than biotechnology):

Agriculture	Forests
Electronics	Geology
Environmental	Health
Biology	Mathematics
Botany	Medicine
Computers	Oceanography
Chemistry	Pharmacy
Food	Physics
Fisheries	Veterinary

4. What percentage of the time will the equipment be used for research and development in the areas checked above?

**OTHER EQUIPMENT INFORMATION**

1. Will equipment be purchased or leased?      Purchased      Leased

2. Does the equipment have a useful life of one year or more?      Yes      No  
(Supplies and other consumables with a useful life of less than one year do not qualify)

3. Location of the equipment. Will special facilities need to be built or special building modifications made to install, use or maintain the equipment? If yes, please explain.

4. Will the equipment be used outside California? If so, please explain.

5. Will the equipment be used in non-research activities?

- To provide instruction on previously researched information      Yes      No
- To provide patient care or treatment      Yes      No
- For administrative, management or marketing purposes      Yes      No
- For any other non-research (please describe the purpose)      Yes      No

a. If yes, please explain.

b. Please estimate the percentage of time that the equipment will be used for any non-research activities:

Research activities      \_\_\_\_\_ %

Non-research activities      \_\_\_\_\_ %

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**Approved by Tax Services**      Yes      No

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

If you need assistance with completing the Checklist, please contact Tax Services at 562.985.4211.