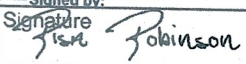


Declaration of Wholesale or Entity Sales Tax Exemption

1. Purchaser Information		License or Exemption Information	
Legal Name Kyndryl Inc		Sales Tax License or Exemption Number 94932030-0001	
Trade Name (if different)		State	Expiration Date
Mailing Address 2 International Drive - Ste 200 - MD 269		Phone Number 516-952-7522	
City Rye Brook		State NY	ZIP Code 10573
2. Wholesale Exemption. Mark the type of exemption, and describe your ordinary course of business.			
<input checked="" type="checkbox"/> Purchase for Resale <input type="checkbox"/> Manufacturing - Mark one of the following: <input type="checkbox"/> Ingredients or Component Parts <input type="checkbox"/> Machinery, Machine Tools, and Parts <input type="checkbox"/> Testing, Modification, or Inspection		Ordinary Course of Business, including the product(s) manufactured and/or sold: Managed Infrastructure Services Business Hardware, Software, and Related Services	
3. Entity Exemption. Enter a and b as required.			
a. Mark the type of entity.			
<input type="checkbox"/> 501(c)(3) Charitable Organization <input type="checkbox"/> U.S. or Colorado State or Local Government <input type="checkbox"/> Tribe or Member – For sales on or delivered to a Colorado reservation. Mark the type of qualifying purchaser: <input type="checkbox"/> Tribal Government <input type="checkbox"/> Enrolled Tribal Member <input type="checkbox"/> Entity owned by tribe or member – Enter the total tribal ownership percentage:		<input type="checkbox"/> 501(c)(19) Veterans' Organization <input type="checkbox"/> Affordable Housing Project	
b. Mark the type of qualifying payment, unless the exemption is for a tribal member or entity owned by a tribe or member.			
<input type="checkbox"/> Purchase Authorization to be paid later <input type="checkbox"/> Cash with a purchase order from the entity <input type="checkbox"/> U.S. Government GSA SmartPay3 Card <input type="checkbox"/> Non-Government Credit Card bearing the entity name or branded for commercial use			
4. Other Exemption. Describe the exemption claimed and how your purchase qualifies.			
Exemption Claimed		Qualifications	
		*** See PO for taxability. This certificate is only valid when PO indicates resale verbiage. ***	
5. Purchaser Signature			
I declare that the purchases I make using this form qualify for exemption from Colorado sales and use taxes as entered above, and that I am the purchaser or have the authority to execute this form on behalf of the purchaser.			
Printed Name Risa Robinson		Title Director - US Indirect Tax	
Signed by: 		Date (MM/DD/YY) 26-Jan-2025 5:06 PM EST	

STATE OF COLORADO

Count	Local Jurisdiction	Registration #
1	COLORADO - CITY OF ARVADA	752290
2	COLORADO - CITY OF AURORA	2010444-002-SLS
3	COLORADO - CITY OF BOULDER	20965218-002-SLS
4	COLORADO - CITY OF BROOMFIELD	Applied For
5	COLORADO - CITY OF CASTLE ROCK	120347
6	COLORADO - CITY OF COLORADO SPRINGS	00068164
7	COLORADO - CITY OF COMMERCE CITY	033124
8	COLORADO - CITY OF DENVER	470809-010066
9	COLORADO - CITY OF ENGLEWOOD	378521
10	COLORADO - CITY OF FORT COLLINS	611728
11	COLORADO - CITY OF GRAND JUNCTION	20041263-003-SLS
12	COLORADO - CITY OF GREELEY	112938
13	COLORADO - CITY OF GREENWOOD VILLAGE	122550
14	COLORADO - CITY OF LAKEWOOD	20079723-002-SLS
15	COLORADO - CITY OF LONGMONT	0101511343
16	COLORADO - CITY OF LOVELAND	17591
17	COLORADO - CITY OF PARKER	13611