

Streamlined Sales Tax Agreement
Certificate of Exemption

Do not send this form to the Streamlined Sales Tax Governing Board. Send the completed form to your supplier and keep a copy for your records.

This is a multi-state form. Not all states allow all exemptions listed on this form. Purchasers are responsible for knowing if they qualify to claim exemption from tax in the state that would otherwise be due tax on this sale. The seller may be required to provide this exemption certificate (or the data elements required on the form) to a state that would otherwise be due tax on this sale.

The purchaser will be held liable for any tax and interest, and possible civil and criminal penalties imposed by the member state, if the purchaser is not eligible to claim this exemption. A seller may not accept a certificate of exemption for an entity-based exemption on a sale made at a location operated by the seller within the designated state if the state does not allow such an entity-based exemption.

1.	☐	Check if you are attaching the Multistate Supplemental form.																		
	☐	If not, enter the two-letter abbreviation for the state under whose laws you are claiming exemption.																		
2.	☐	Check if this certificate is for a Single Purchase Certificate . Enter the related invoice/purchase order # _____.																		
3.	Print or type	A. Name of purchaser _____																		
		B. Business address _____ City _____ State _____ Zip code _____																		
		C. Purchaser's tax ID number _____ State of Issue _____ Country of Issue _____																		
		D. If no tax ID number, enter one of the following: FEIN _____																		
		E. Driver's License Number/State Issued ID number _____ State of Issue _____																		
		F. Foreign diplomat number _____																		
		G. Name of seller from whom you are purchasing, leasing or renting _____																		
		H. Seller's address _____ City _____ State _____ Zip code _____																		
4.	Circle type of business	Purchaser's Type of business. Circle the number that best describes your business.																		
<table border="0"><tr><td>☐01 Accommodation and food services</td><td>☐11 Transportation and warehousing</td></tr><tr><td>☐02 Agriculture, forestry, fishing, hunting</td><td>☐12 Utilities</td></tr><tr><td>☐03 Construction</td><td>☐13 Wholesale trade</td></tr><tr><td>☐04 Finance and insurance</td><td>☐14 Business services</td></tr><tr><td>☐05 Information, publishing and communications</td><td>☐15 Professional services</td></tr><tr><td>☐06 Manufacturing</td><td>☐16 Education and health-care services</td></tr><tr><td>☐07 Mining</td><td>☐17 Nonprofit organization</td></tr><tr><td>☐08 Real estate</td><td>☐18 Government</td></tr><tr><td>☐09 Rental and leasing</td><td>☐19 Not a business</td></tr><tr><td>☐10 Retail trade</td><td>☐20 Other (explain) _____</td></tr></table>		☐ 01 Accommodation and food services	☐ 11 Transportation and warehousing	☐ 02 Agriculture, forestry, fishing, hunting	☐ 12 Utilities	☐ 03 Construction	☐ 13 Wholesale trade	☐ 04 Finance and insurance	☐ 14 Business services	☐ 05 Information, publishing and communications	☐ 15 Professional services	☐ 06 Manufacturing	☐ 16 Education and health-care services	☐ 07 Mining	☐ 17 Nonprofit organization	☐ 08 Real estate	☐ 18 Government	☐ 09 Rental and leasing	☐ 19 Not a business	☐ 10 Retail trade
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5.	Circle or check reason for exemption	Reason for exemption. Circle the letter that identifies the reason for the exemption.																		
<table border="0"><tr><td>A ☐ Federal government (Department) _____</td><td>H ☐ Agricultural Production # _____</td></tr><tr><td>B ☐ State or local government (Name) _____</td><td>I ☐ Industrial production/manufacturing # _____</td></tr><tr><td>C ☐ Tribal government (Name) _____</td><td>J ☐ Direct pay permit # _____</td></tr><tr><td>D ☐ Foreign diplomat # _____</td><td>K ☐ Direct Mail # _____</td></tr><tr><td>E ☐ Charitable organization # _____</td><td>L ☐ Other (Explain) _____</td></tr><tr><td>F ☐ Religious organization # _____</td><td>M ☐ Educational Organization # _____</td></tr><tr><td>G ☐ Resale # _____</td><td></td></tr></table>		A ☐ Federal government (Department) _____	H ☐ Agricultural Production # _____	B ☐ State or local government (Name) _____	I ☐ Industrial production/manufacturing # _____	C ☐ Tribal government (Name) _____	J ☐ Direct pay permit # _____	D ☐ Foreign diplomat # _____	K ☐ Direct Mail # _____	E ☐ Charitable organization # _____	L ☐ Other (Explain) _____	F ☐ Religious organization # _____	M ☐ Educational Organization # _____	G ☐ Resale # _____						
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6.	Sign here	<i>I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.</i>																		
		Signature of authorized purchaser _____ Print name here _____ Title _____ Date _____																		

Name of Purchaser

State	Reason for exemption	Identification number (if required)
AR		
GA		
IA		
IN		
KS		
KY		
MI		
MN		
NC		
ND		
NE		
NJ		
NV		
OH		
RI		
OK		
SD		
TN		
UT		
VT		
WA		
WI		
WV		
WY		

SSUTA Direct Mail provisions are not in effect for Tennessee.

The following nonmember states will accept this certificate for exemption claims that are valid in their respective state. SSUTA Direct Mail provisions do not apply in these states.

State	Reason for exemption	Identification number (if required)
XX		
XX		
XX		
XX		
XX		