



Streamlined Sales and Use Tax Agreement

Account #: _____

Certificate of Exemption

100 Majestic Drive, Suite 400 ♦ Westby, WI 54667

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 purchaser will be held liable for any tax and interest, and possibly civil and criminal penalties imposed by the member state, if the purchaser is not eligible to claim this exemption.

- 1. [] Check if you are attaching the Multi-State Supplemental form.
[] [] If not, enter the two-letter postal abbreviation for the state under whose laws you are claiming exemption.
2. [] Check if this certificate is for a single purchase. Enter the related invoice/purchase order # _____

3. Please print

Name of purchaser: _____
Business Address: _____ City: _____ State: _____ Zip Code: _____
Purchaser's Tax ID Number: _____ State of Issue: _____ Country of Issue: _____
If no Tax ID Number, enter one of the following: FEIN: _____ Foreign diplomat number: _____
Driver's License Number/State Issued ID Number: _____ State of Issue: _____
Name of seller from whom you are purchasing, leasing or renting: _____
Seller's address: _____ City: _____ State: _____ Zip code: _____

4. Type of business. Circle the number that describes your business

- 01 Accommodation and food services 11 Transportation and warehousing
02 Agricultural, 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 20 Other (explain) _____

5. Reason for exemption. Circle the letter that identifies the reason for the exemption.

- 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 # _____

6. Sign here.

I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.

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		
OK		
RI		
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.

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