

STORE # _____
ACCOUNT # _____
PHONE # _____

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 possibly 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.

- 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.
- Check if this certificate is for a single purchase and 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 _____	Driver's License Number/State Issued ID Number State of Issue: _____ Number _____	Foreign diplomat number _____
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) _____ |

, 'P gxc f c' j cu' e' wpls wg' f g h p l k q p' h q t 'Gz go r v' Q t i c p k c v k q u' e' p f 'p q v' e' m' 723 * e' + q t i c p k c v k q u' s' w e r t h f " "

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 # <u>N/A in NV</u> |
| C Tribal government (name) _____ | J Direct pay permit # _____ |
| D Foreign diplomat # _____ | K Direct mail # _____ |
| E Charitable organization # _____ | L Other (explain) _____ |
| F Religious or 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 _____
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