

**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. 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. Purchaser's Type of business. Circle the number that best describes your business.**

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	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. 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		
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		