

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 this certificate is for a single purchase and enter the related invoice/purchase order #

Name of purchaser			
Purchaser address		City	State Zip Code
Purchaser's Tax ID Number		State of issue:	Country of issue:
If no Tax ID enter one of the following:	Federal ID	Driver's License/State ID Number State of issue: Number:	Foreign diplomat number
Name of seller			
Seller address		City	State Zip Code

Type of business. Make the selection that best describes your business.

- | | | |
|------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------|
| 01 <input type="checkbox"/> Accommodation and food services | 08 <input type="checkbox"/> Real estate | 15 <input type="checkbox"/> Professional services |
| 02 <input type="checkbox"/> Agricultural, forestry, fishing, hunting | 09 <input type="checkbox"/> Rental and leasing | 16 <input type="checkbox"/> Education and health-care services |
| 03 <input type="checkbox"/> Construction | 10 <input type="checkbox"/> Retail trade | 17 <input type="checkbox"/> Nonprofit organization |
| 04 <input type="checkbox"/> Finance and insurance | 11 <input type="checkbox"/> Transportation and warehousing | 18 <input type="checkbox"/> Government |
| 05 <input type="checkbox"/> Information, publishing and communications | 12 <input type="checkbox"/> Utilities | 19 <input type="checkbox"/> Not a business |
| 06 <input type="checkbox"/> Manufacturing | 13 <input type="checkbox"/> Wholesale trade | 20 <input type="checkbox"/> Other (explain) |
| 07 <input type="checkbox"/> Mining | 14 <input type="checkbox"/> Business services | |

Reason for exemption. Select the reason for the exemption and complete the identification.

- | | |
|--------------------------------------------------------------------|------------------------------------------------------------------|
| A <input type="checkbox"/> Federal government (department) | H <input type="checkbox"/> Agricultural production # |
| B <input type="checkbox"/> State or local government (name) | I <input type="checkbox"/> Industrial production/manufacturing # |
| C <input type="checkbox"/> Tribal government (name) | J <input type="checkbox"/> Direct pay permit # |
| D <input type="checkbox"/> Foreign diplomat # | K <input type="checkbox"/> Direct mail # |
| E <input type="checkbox"/> Charitable organization # | L <input type="checkbox"/> Other (explain) |
| F <input type="checkbox"/> Religious or educational organization # | M <input type="checkbox"/> Education Organization (name) |
| G <input type="checkbox"/> Resale # | N <input type="checkbox"/> Local government (name) |

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

Signature of authorized purchaser	Printed name	Title	Date

Multi-state supplemental. Provide exemption information for additional states.

State	Reason Code	Identification #	State	Reason Code	Identification #	State	Reason Code	Identification #
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____