



# UNIFORM SALES TAX RESALE/EXEMPTION CERTIFICATE

Enter the two-letter abbreviation for the state under whose laws you are claiming exemption.

**Check One:**

- Single Purchase Certificate.** Relates to invoice/purchase order # \_\_\_\_\_
- Blanket Certificate.** If checked this certificate continues in force until canceled by the purchase

**Tax ID #:** \_\_\_\_\_ **State of Issue:** \_\_\_\_\_ **Date of Issue:** \_\_\_\_\_

**Federal ID #:** \_\_\_\_\_

Company Account #: \_\_\_\_\_

Company Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

**Type of business.** Circle the number that best describes your business:

- |  |                                       |
|--|---------------------------------------|
| 01 Agricultural, forestry, fishing, hunting    | 08 Government                         |
| 02 Construction                                | 09 Education and Health-Care Services |
| 03 Information, publishing, and communications | 10 Nonprofit Organization             |
| 04 Manufacturing                               | 11 Professional Services              |
| 05 Retail trade                                | 12 Not a business                     |
| 06 Transportation and Warehousing              | 13 Wholesale Trade                    |
| 07 Utilities                                   | 14 Other ( <i>explain</i> ) _____     |

**Reason for Exemption.** Circle the letter that identifies the reason for the exemption:

- |   |   |
|---|---|
| A Federal Government ( <i>department</i> ) _____  | H Agricultural Production # _____   |
| B State or local government ( <i>Name</i> ) _____ | I Industrial Production/Manufacturing # _____   |
| C Tribal Government ( <i>Name</i> ) _____         | J Direct Pay Permit # _____   |
| D Foreign Diplomat # _____                        | K Multiple points of use (services, digital goods, or computer software delivered electronically) |
| E Charitable Organization # _____                 | L Direct Mail # _____   |
| F Religious or Educational Organization # _____   | M Other ( <i>explain</i> ) _____  |
| G Resale # _____                                  |   |

**Please Read Carefully.** All of the information above must be filled out in its **entirety**, if not your exemption can not be processed. 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 is due tax on this sale. The state that is due on this sale will be notified that you claimed exemption from sales tax. You will be held liable for any tax and interest, as well as civil and criminal penalties imposed by the member state, if you are not eligible to claim this exemption. Sellers may not accept a certificate of exemption for sales sourced within the state if an exemption does not apply in the seller's state

Signature of authorized purchaser (*Required*)      Print name here      Title      Date