

Streamlined Sales and Use Tax Agreement Certificate of Exemption

445 E. Capitol Ave. • Pierre, SD 57501

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.

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 dip	olomat number:		
	Driver's License Number/State Issued ID Number:		State of Issue:			
	Name of seller from whom you are purchasing, leasing or renting: LANKOTA					
	Seller's address: 270 West Park Ave	City: H	uron, SD	State: SD	Zip code: 57350	
4.	Type of business. Circle the number that describe01Accommodation and food services02Agricultural, forestry, fishing, hunting03Construction04Finance and insurance05Information, publishing and commune06Manufacturing07Mining08Real estate09Rental and leasing10Retail trade	3	12 Uti 13 Uti 14 Bus 15 Pro 16 Edu 17 No 18 Go 19 No	olesale trade siness services ofessional services ucation and health-care nprofit organization	e services	
5.	Reason for exemption. Circle the letter that iden A Federal government (department) B State or local government (name) C Tribal government (name) D Foreign diplomat #	y in S.D.	H Agric I Indu J Direc K Direc L Othe	sultural production # strial production/manu st pay permit # st mail #	ifacturing <u>Does Not Apply</u> in S.D	
6.	Sign here.					

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			

Streamlined Sales and Use Tax Agreement

Name of Purchaser

STATE	Reason for Exemption	Identification Number (If Required)
AR	F	
GA		
IA		
IN		
KS		
KY		
MI		
MN		
NC		
ND		
NE		
NJ		
NV		
ОН		
ОК		
RI		
SD		
TN		
UT		
VT		
WA		
WI		
WV		
WY		
	ions are not in effect for Tennessee.	

SSUTA Direct Mail provisions are not in effect for Tennessee.