

**Certificate of Exemption**

**Certificates must be completed, signed, and dated to be VALID**

**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.

- Check if you are attaching the **Multistate Supplemental form**.
- AR** If not, enter the **two-letter abbreviation** for the state under whose laws you are claiming exemption.
- Check if this certificate is for a **Single Purchase Certificate**. Enter the related invoice/purchase order # \_\_\_\_\_.

**3.**

**Print or type**

**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**  
**LexJet** \_\_\_\_\_

**H. Seller's address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip code** \_\_\_\_\_  
**1605 Main St** \_\_\_\_\_ **Sarasota** \_\_\_\_\_ **FL** \_\_\_\_\_ **34236** \_\_\_\_\_

**4.**

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

**Circle type of business**

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

**5.**

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

**Circle or check reason for exemption**

A <input type="checkbox"/> Federal government ( <i>Department</i> ) _____	H <input type="checkbox"/> Agricultural Production # _____
B <input type="checkbox"/> State or local government ( <i>Name</i> ) _____	I <input type="checkbox"/> Industrial production/manufacturing # _____
C <input type="checkbox"/> Tribal government ( <i>Name</i> ) _____	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 ( <i>Explain</i> ) _____
F <input type="checkbox"/> Religious organization # _____	M <input type="checkbox"/> Educational Organization # _____
G <input type="checkbox"/> Resale # _____	

**6.**

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

**Sign here**

**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	_____	_____
XX	_____	_____
XX	_____	_____
XX	_____	_____