



445 E Capitol Ave

Pierre, SD 57501

Streamlined Sales and Use Tax Agreement

Certificate of Exemption

[] Check if you are attaching the Multi-State Supplemental Form

If not, please enter the two-letter postal abbreviation for the state under whose laws you are claiming exemption: _____

[] Check if this certificate is for a single purchase. Enter the related invoice/purchase order number: _____

Name of Purchaser: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Purchaser's Tax ID No.: _____ State of Issue: _____ Country of Issue: _____

If No Tax ID No., enter one of the following: FEIN: _____ Foreign Diplomat Number: _____

Driver's License Number/State Issued ID Number: _____ State of Issue: _____

Name of seller from whom you are purchasing, leasing, or renting: **Primoends**

Seller's Address: **P.O. Box 5895** City: **Rocky Point** State: **NY** Zip: **11778**

Check the box that best describes your business.

- [] Accommodation and food services [] Transportation and warehousing
[] Agricultural, foresting, fishing, hunting [] Utilities
[] Construction [] Wholesale trade
[] Finance and insurance [] Business services
[] Information, publishing, and communications [] Professional services
[] Manufacturing [] Education and health-care services
[] Mining [] Nonprofit organization
[] Real estate [] Government
[] Rental and leasing [] Not a business
[] Retail trade [] Other (explain): _____

Reason for Exemption (Check the box that best identifies)

- [] Federal government (department): _____ [] Agricultural production (#): _____
[] State or local government (name): _____ Industrial production/manufacturing (does not apply in SD)
[] Tribal government (name): _____ [] Direct pay permit (#): _____
[] Foreign diplomat (#): _____ [] Direct mail (#): _____
[] Charitable organization (#): _____ [] Other (explain): _____
Religious organization (does not apply in SD) [] Educational organization (#): _____
[] Resale (#): _____

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

Signature: _____ Name: _____ Title: _____ Date: _____

Multi-State Supplemental

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	_____	_____
OK	_____	_____
RI	_____	_____
SD	_____	_____
TN	_____	_____
UT	_____	_____
VT	_____	_____
WA	_____	_____
WI	_____	_____
WV	_____	_____
WY	_____	_____

SSUTA Direct Mail provisions are not in effect for Tennessee