



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: Precision Roller

Seller's Address: 2102 W Quail Ave Ste 1 City: Phoenix State: AZ Zip: 85027

Check the box that best describes your business.

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

Reason for Exemption (Check the box that best identifies)

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

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