

South Dakota Streamlined Sales Tax Agreement Certificate of Exemption

Warning to purchaser:

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 tax on this sale may be notified that you claimed exemption from sales tax.

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.

1. Check if you are attaching the Multistate Supplemental form.

If not, enter the two-letter abbreviation for the state under whose laws you are claiming exemption.

2. Check if this certificate is for a **Single Purchase Certificate**. Invoice/purchase order # _____.

3. A. Name of purchaser

B. Business address _____ City _____ State _____ Zip code _____

C. Purchaser's tax ID number _____ State of Issue _____ County of Issue _____

D. If no tax ID number, enter FEIN _____

E. If no ID number or FEIN, enter 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
OSBORNE INDUSTRIES, INC.

H. Seller's address _____ City _____ State _____ Zip code _____
120 N. INDUSTRIAL AVE. / PO BOX 388 OSBORNE KS 67473

Print or type

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 (explain) _____ |

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

Circle reason for exemption

- | | |
|---|--|
| A <input type="checkbox"/> Federal government (Department) _____ | H <input type="checkbox"/> Agricultural |
| B <input type="checkbox"/> State or local government (Agency) _____ | I <input type="checkbox"/> Industrial production/manufacturing <u>Does not apply in SD</u> |
| C <input type="checkbox"/> Tribal government | 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 - SD Permit Required | L <input type="checkbox"/> Other (Explain) _____ |
| F <input type="checkbox"/> Religious or private educational organization - SD Permit Required | |
| G <input type="checkbox"/> Resale | |

6. **Sign here** I 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 _____