South Dakota Department of Revenue

445 E Capitol Ave

Pierre, SD 57501

Form: 2040

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: SD

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

Name of Purchaser: Brown County, SD

Business Address: 25 Market Street, Suite 1 City: Aberdeen State: SD Zip: 57401

Purchaser's Tax ID No.: 1018-0814RG State of Issue: SD 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: _____

Seller's Address: _____ City: _____ State: ____ Zip: _____

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): Brown County
[ ] 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: Brock J Hoyle Name: Brock Hoyle Title: Chief Deputy Auditor Date: 1/5/2022

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	Government Entity	1018-0814RG
TN		
UT		
VT		
WA		
WI		
WV		
WY		

SSUTA Direct Mail provisions are not in effect for Tennessee