

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.

SD 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. **Print or type**

A. Name of purchaser
Brown County, SD

B. Business address
25 Market Street, Suite 1
City: Aberdeen State: SD Zip code: 57401

C. Purchaser's tax ID number
1018-0814RG
State of Issue: SD 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 _____

H. Seller's address
City: _____ State: _____ Zip code: _____

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 checked="" 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 checked="" type="checkbox"/> State or local government (Agency) <u>Brown County</u> | 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 <u>Lynn Heupel</u>	Print name here Lynn Heupel	Title Chief Deputy Auditor	Date 01/07/2020
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South Dakota Streamlined Sales and Use Tax Agreement
Certificate of Exemption: Multistate Supplemental

Name of Purchaser _____

State	Reason for exemption	Identification number (if required)
AR	_____	_____
IA	_____	_____
IN	_____	_____
KS	_____	_____
KY	_____	_____
MI	_____	_____
MN	_____	_____
NC	_____	_____
ND	_____	_____
NE	_____	_____
NJ	_____	_____
NV	_____	_____
OH	_____	_____
RI	_____	_____
OK	_____	_____
SD	Government Entity	1018-0814RG
TN	_____	_____
UT	_____	_____
VT	_____	_____
WA	_____	_____
WI	_____	_____
WV	_____	_____
WY	_____	_____

A seller doing business in a state that is not a member of the Streamlined Agreement must obtain documentation to support exempt transactions as required by that state.