

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 # _____

Print or type	A. Name of purchaser Rural Health Care, Inc.			
	B. Business address 202 Island Drive Suite 1		City Fort Pierre	State SD
			Zip code 57532	
	C. Purchaser's tax ID number 1015-6102-RA		State of Issue SD	County of Issue Hughes
	D. If no tax ID number, enter FEIN			
	E. If no ID number or FEIN, enter Driver's License Number/State Issued ID number			
	F. Foreign diplomat number			
G. Name of seller from whom you are purchasing, leasing or renting Jackson Lewis P.C.				
H. Seller's address 10050 Regency Circle, Ste 400		City Omana	State NE	Zip code 68114

4. **Purchaser's Type of business.** Circle the number that best describes your 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 checked="" type="checkbox"/> 20 Other (Explain) <u>Relief Agency - non-profit medical</u>

5. **Reason for exemption.** Circle the letter that identifies the reason for the 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 checked="" type="checkbox"/> Other (Explain) <u>Relief Agency - non-profit medical</u>
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>Bernie Hanson</u>	Print name here Bernie Hanson	Title Finance Officer	Date 7-13-15
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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	1015-6102-RA	
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.