

Streamlined Sales Tax Agreement  
Certificate of Exemption

Do not send this form to the Streamlined Sales Tax Governing Board. Send the completed form to your supplier and keep a copy for your records.

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 would otherwise be due tax on this sale. The seller may be required to provide this exemption certificate (or the data elements required on the form) to a state that would otherwise be due tax on this sale.

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. A seller may not accept a certificate of exemption for an entity-based exemption on a sale made at a location operated by the seller within the designated state if the state does not allow such an entity-based exemption.

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

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

3. ☐ Check if this certificate is for a **Single Purchase Certificate**. Enter the related invoice/purchase order # \_\_\_\_\_.

Print or type	A. Name of purchaser	RYAN, LLC			
	B. Business address	City	State	Zip code	
	123 Main street	Dallas	TX	75455	
	C. Purchaser's tax ID number	State of Issue	Country of Issue		
		TX			
	D. If no tax ID number, enter one of the following: FEIN				
	E. 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	Noah Company Inc.			
	H. Seller's address	City	State	Zip code	
Ap #655-8557 Nulla Rd	EAST HEBRON	NH	18566		


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 checked="" 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.

- |   |  |
|---|--|
| A <input type="checkbox"/> Federal government (Department) _____  | H <input type="checkbox"/> Agricultural Production # _____             |
| B <input type="checkbox"/> State or local government (Name) _____ | I <input type="checkbox"/> Industrial production/manufacturing # _____ |
| C <input type="checkbox"/> Tribal government (Name) _____         | 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 # _____        | L <input type="checkbox"/> Other (Explain) _____                       |
| F <input type="checkbox"/> Religious organization # _____         | M <input type="checkbox"/> Educational Organization # _____            |
| 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
	Biggs Darklighter	Tax Manager	6/16/2020

Name of Purchaser

RYAN, LLC

State	Reason for exemption	Identification number (if required)
AR		7453533343
GA		0019999888
IA		1-33-323424
IN		6345645663-001-3
KS		548453423422-F01
KY		956755
MI		633453345
MN		176434533
NC		56777543
ND		23467
NE		53343455
NJ		2332377756
NV		055733453
OH		653444566
RI		555432222
OK		STS-12343433
SD		01-123-459825489E
TN		534345345
UT		54433888-123-STC
VT		SUT-32111233-988
WA		A12223322
WI		452-5343433333-00
WV		463456
WY		013440000

SSUTA Direct Mail provisions are not in effect for Tennessee.

The following nonmember states will accept this certificate for exemption claims that are valid in their respective state. SSUTA Direct Mail provisions do not apply in these states.

State	Reason for exemption	Identification number (if required)
XX		
XX		
XX		
XX		
XX		