



445 E Capitol Ave

Pierre, SD 57501

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: _____

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

Name of Purchaser: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Purchaser's Tax ID No.: _____ State of Issue: _____ 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: Voss Distributing LLC

Seller's Address: 5109 NE 17th Street City: Des Moines State: IA Zip: 50313

Check the box that best describes your business:

- [] Accommodation and food services
[] Agricultural, forestry, fishing, hunting
[] Construction
[] Finance and insurance
[] Information, publishing, and communications
[] Manufacturing
[] Mining
[] Real estate
[] Rental and leasing
[X] 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): _____
[] Tribal government (name): _____
[] Foreign diplomat (#): _____
[] Charitable organization (#): _____
Religious organization (does not apply in SD)
[X] 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: _____ Name: _____ Title: _____ Date: _____