NCDOR
Web-Fill
4-22

E-595E
Streamlined Sales and Use Tax Certificate of Exemption

Do not send this form to the Streamlined Sales Tax Governing Board or the NC Department of Revenue. Send the completed form to the seller and keep a copy for your records. This is a multi-state form for use in the states listed. Not all states allow all exemptions listed on this form. The purchaser is responsible for ensuring it is eligible for the exemption in the state it is claiming the tax exemption from. Check with the state for exemption information and requirements. **The purchaser is liable for any tax and interest, and possible civil and criminal penalties imposed by the state, if the purchaser is not eligible to claim this exemption.**

Please print

1 [x] Check if this certificate is for a single purchase. Enter the related invoice/purchase order # **123456789**

2

A. Purchaser's name
SERVICE PROVIDER'S NAME

B. Business address	City	State	Country	Zip code
SERVICE PROVIDER'S ADDRESS	**RALEIGH**	**NC**	**USA**	**27601**

C. Name of seller from whom you are purchasing, leasing, or renting
SUPPLIER'S NAME

D. Seller's address	City	State	Country	Zip code
SUPPLIER'S ADDRESS	**RALEIGH**	**NC**	**USA**	**27604**

3 **Purchaser's type of business.** Check the number that describes your business.

- [ ] 01 Accommodation and food services
- [ ] 02 Agricultural, forestry, fishing, and hunting
- [ ] 03 Construction
- [ ] 04 Finance and insurance
- [ ] 05 Information, publishing, and communications
- [ ] 06 Manufacturing
- [ ] 07 Mining
- [ ] 08 Real estate
- [ ] 09 Rental and leasing
- [ ] 10 Retail trade
- [ ] 11 Transportation and warehousing
- [ ] 12 Utilities
- [ ] 13 Wholesale trade
- [ ] 14 Business services
- [ ] 15 Professional services
- [ ] 16 Education and health-care services
- [ ] 17 Nonprofit organization
- [ ] 18 Government
- [ ] 19 Not a business
- [x] 20 Other *(explain)* **SERVICE PROVIDER**

4 **Reason for exemption.** Check the letter that identifies the reason for the exemption.

- [ ] A Federal government *(department)*
- [ ] B State government *(name)*
- [ ] C Tribal government *(name)*
- [ ] D Foreign diplomat #
- [ ] G Resale #
- [ ] H Agricultural production #
- [ ] I Industrial production/manufacturing #
- [ ] J Direct pay permit #
- [ ] K Direct mail #
- [x] L Other *(explain)* **WILDLIFE MGR NAME**

WILDLIFE MGR ADDRESS

SERVICE PROVIDER 105-164.13F

5 **Identification (ID) number.** Enter the ID number as required in the instructions for each state in which you are claiming an exemption. If claiming multiple exemption reasons, enter the letters identifying each reason as listed in Section 4 for each state.

	ID Number	State/Country	Reason		ID Number	State/Country	Reason
AR				NV			
GA				OH			
IA				OK			
IN				RI			
KS				SD			
KY				TN			
MI				UT			
MN				VT			
NC	**9XXXXX**	**NC**	**L**	WA			
ND				WI			
NE				WV			
NJ				WY			

6 **Sign and Date.** *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
	SRV PROVIDER'S NAME	**TITLE**	**09-15-22**

Phone number	E-mail address
(555) 555-1212	**SRV PROVIDER'S EMAIL ADDRESS**