



Streamlined Sales and Use Tax Agreement
Certificate of Exemption

445 E. Capitol Ave. Pierre, SD 57501

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 purchaser will be held liable for any tax and interest, and possibly 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 Multi-State Supplemental form.
2. Check if this certificate is for a single purchase. Enter the related invoice/purchase order #

3. Please print

Name of purchaser:
Business Address: City: State: Zip Code:
Purchaser's Tax ID Number: State of Issue: Country of Issue:
If no Tax ID Number, 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: LANKOTA
Seller's address: 270 West Park Ave City: Huron, SD State: SD Zip code: 57350

4. Type of business. Circle the number that describes your business

- 01 Accommodation and food services
02 Agricultural, forestry, fishing, 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
20 Other (explain)

5. Reason for exemption. Circle the letter that identifies the reason for the exemption.

- A Federal government (department)
B State or local government (name)
C Tribal government (name)
D Foreign diplomat #
E Charitable organization #
F Religious organization # Does Not Apply in S.D.
G Resale #
H Agricultural production #
I Industrial production/manufacturing Does Not Apply in S.D.
J Direct pay permit #
K Direct mail #
L Other (explain)
M Educational Organization #

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

Name of Purchaser

STATE	Reason for Exemption	Identification Number (If Required)
AR	_____	_____
GA	_____	_____
IA	_____	_____
IN	_____	_____
KS	_____	_____
KY	_____	_____
MI	_____	_____
MN	_____	_____
NC	_____	_____
ND	_____	_____
NE	_____	_____
NJ	_____	_____
NV	_____	_____
OH	_____	_____
OK	_____	_____
RI	_____	_____
SD	_____	_____
TN	_____	_____
UT	_____	_____
VT	_____	_____
WA	_____	_____
WI	_____	_____
WV	_____	_____
WY	_____	_____

SSUTA Direct Mail provisions are not in effect for Tennessee.