

Streamlined Sales Tax Agreement Certificate of Exemption

This is a multi-state form. Purchasers are responsible for knowing if they qualify to claim exemption from sales tax in the state that would otherwise be due tax on this sale. The seller may be required to provide this exemption certificate (or 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 entity-base exemption.

- 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.
- Check if this certificate is for a Single Purchase Certificate. Enter the related invoice/purchase order # _____

Company/Entity Name

Business Address City ST ZIP

Tax ID Number State Of Issue

If no Tax ID Number, enter either FEIN, Drivers License, or other.

Advanced Tex Screen Printing, Inc. (ATS PRINTNG)

Name of seller from whom you are purchasing

4177 3 Mile Road Bay City MI 48706
Seller's Address City ST ZIP

Purchaser's Type of Business

- | | |
|---|---|
| <input type="checkbox"/> Accommodation and food services | <input type="checkbox"/> Transportation & warehousing |
| <input type="checkbox"/> Agriculture, forestry, fishing, hunting | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Wholesale Trade |
| <input type="checkbox"/> Finance & Insurance | <input type="checkbox"/> Business Services |
| <input type="checkbox"/> Information, publishing & communications | <input type="checkbox"/> Professional Services |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Education & health care services |
| <input type="checkbox"/> Mining | <input type="checkbox"/> Nonprofit organization |
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Government |
| <input type="checkbox"/> Rental & Leasing | <input type="checkbox"/> Not a business |
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Other _____ |

Reason for exemption

- | | |
|--|---|
| <input type="checkbox"/> Federal Government | <input type="checkbox"/> Agriculture Production |
| <input type="checkbox"/> State or local government | <input type="checkbox"/> Industrial production |
| <input type="checkbox"/> Tribal government | <input type="checkbox"/> Direct Pay Permit |
| <input type="checkbox"/> Foreign diplomat | <input type="checkbox"/> Direct Mail |
| <input type="checkbox"/> Charitable Organization | <input type="checkbox"/> Educational Organization |
| <input type="checkbox"/> Religious Organization | <input type="checkbox"/> Other |
| <input type="checkbox"/> Resale | |

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 Date

FOR EXEMPTION FROM MULTIPLE STATES SALES TAX

State	Reason for Exemption	Tax ID (If required)
AL		
AZ		
AR		
CA		
CO		
CT		
FL		
GA		
ID		
IL		
IN		
IA		
KS		
KY		
LA		
ME		
MD		
MA		
MI		
MN		
MS		
MO		
NE		
NV		
NJ		
NM		
NY		
NC		
ND		
OH		
OK		
PA		
RI		
SC		
SD		
TN		
TX		
UT		
VT		
VA		
WA		
WV		
WI		
WY		