

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 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.

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Deliver's address					
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Purchaser's type of business. Check the number that describes your business. 01 Accommodation and food services	D. General additions	Service and the service and th			
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03 Construction			rtation and	warehousing	
04 Finance and insurance			ale trade		
O5 Information, publishing, and communications 15 Professional services O6 Manufacturing 16 Education and health-care services O7 Mining 17 Nonprofit organization O8 Real estate 18 Government O9 Rental and leasing 19 Not a business O Other (explain)					
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Reason for exemption. Check the letter that identifies the reason for the exemption. A Federal government (name)					
A Federal government (department)					
□ B State government (name) □ I Industrial production/manufacturing # □ C Tribal government (name) □ J Direct pay permit # □ L Other (explain) □ C Tribal government (name) □ L Other (explain) □ C Tribal government (name) □ L Other (explain) □ C				land	
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□ D Foreign diplomat # □ L Other (explain) □ C Resale # 601448874 Identification (ID) number. Enter the ID number as required in the instructions for each state in which you are claimin exemption. If claiming multiple exemption reasons, enter the letters identifying each reason as listed in Section 4 for each so ID Number State/Country Reason ID Number State/Country R	C Tribal government (name)	ne) I industria			
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MI UT WA VT NC WA WA WI WY Sign and Date. I declare that the information on this certificate is correct and complete to the best of my knowledge and be Signature of authorized purchaser Print name here Title Date	AR GA IN	State/Country Reason ID Number NV			te/Country Rea
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