

Do not send this form to the Streamlined Sales Tax Governing Board. Send the completed form to your supplier and keep a copy for your records.

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 seller may be required to provide this exemption certificate (or the 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 an entity-based exemption.

1. Check if you are attaching the Multistate Supplemental form.

2. AR 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 # _____.

3.

| | | | | | |
|--|--|----------|----------------|------------------|----------|
| Print or type | A. Name of purchaser | | | | |
| | Alison Clark dba AC Coin & Jewelry | | | | |
| | B. Business address | | City | State | Zip code |
| | 702 N. 2nd St | | Heber Springs. | AR. | 72543 |
| | C. Purchaser's tax ID number | | State of Issue | Country of Issue | |
| | 00317827-SLS | | Arkansas | Cleburne | |
| | D. If no tax ID number, enter one of the following: FEIN | | | | |
| | E. Driver's License Number/State Issued ID number | | | | |
| F. Foreign diplomat number | | | | | |
| G. Name of seller from whom you are purchasing, leasing or renting | | | | | |
| Caring Transitions of North Phoenix | | | | | |
| H. Seller's address | | City | State | Zip code | |
| | | Sun City | AZ | 85351 | |

4. Purchaser's Type of business. Circle the number that best describes your business.

- | | | |
|--------------------------------|--|---------------------------------------|
| Circle type of business | 01 Accommodation and food services | 11 Transportation and warehousing |
| | 02 Agriculture, forestry, fishing, hunting | 12 Utilities |
| | 03 Construction | 13 Wholesale trade |
| | 04 Finance and insurance | 14 Business services |
| | 05 Information, publishing and communications | 15 Professional services |
| | 06 Manufacturing | 16 Education and health-care services |
| | 07 Mining | 17 Nonprofit organization |
| | 08 Real estate | 18 Government |
| | 09 Rental and leasing | 19 Not a business |
| | <input checked="" type="radio"/> 10 Retail trade | 20 Other (explain) _____ |

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

- | | | |
|---|--|---|
| Circle or check reason for exemption | A Federal government (Department) _____ | H Agricultural Production # _____ |
| | B State or local government (Name) _____ | I Industrial production/manufacturing # _____ |
| | C Tribal government (Name) _____ | J Direct pay permit # _____ |
| | D Foreign diplomat # _____ | K Direct Mail # _____ |
| | E Charitable organization # _____ | L Other (Explain) _____ |
| | F Religious organization # _____ | M Educational Organization # _____ |
| | <input checked="" type="radio"/> G Resale # 00317827-SLS | |

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 |
|  | Alison Clark | Owner | 01/03/2023 |

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 | _____ | _____ |
| RI | _____ | _____ |
| OK | _____ | _____ |
| SD | _____ | _____ |
| TN | _____ | _____ |
| UT | _____ | _____ |
| VT | _____ | _____ |
| WA | _____ | _____ |
| WI | _____ | _____ |
| WV | _____ | _____ |
| WY | _____ | _____ |

SSUTA Direct Mail provisions are not in effect for Tennessee.

The following nonmember states will accept this certificate for exemption claims that are valid in their respective state. SSUTA Direct Mail provisions do not apply in these states.

| State | Reason for exemption | Identification number (if required) |
|-------|----------------------|-------------------------------------|
| XX | _____ | _____ |
| XX | _____ | _____ |
| XX | _____ | _____ |
| XX | _____ | _____ |
| XX | _____ | _____ |