NCDOR
Web-Fill
6-19

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

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 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 possibly 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.

NC ☐ If not, enter the two-letter postal abbreviation for the state under whose laws you are claiming exemption.

2 ☐ Check if this certificate is for a single purchase and enter the related invoice/purchase order # _____.

3 **Please print**

Name of purchaser: PURCHASING SOLUTIONS INC.

Business address	City	State	Zip code
PO BOX 169	BETHANIA	NC	27010

Purchaser's tax ID number	State of issue	Country of issue
601062199	NC	USA

If no tax ID number, enter one of the following:	FEIN	Driver's license number/State issued ID number *state of issue* *number*	Foreign diplomat number

Name of seller from whom you are purchasing, leasing, or renting

Seller's address	City	State	Zip code

4 **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
- ☐ 20 Other *(explain)* _____

5 **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 # 601062199
- ☐ H Agricultural production # _____
- ☐ I Industrial production/manufacturing # _____
- ☐ J Direct pay permit # _____
- ☐ K Direct mail # _____
- ☐ L Other *(explain)* _____

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
Niki Calhoun	NIKI CALHOUN	COO	11-01-21

Phone number	E-mail address
(336) 823-4399	hotel_renovator@yahoo.com