

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.
- 2 If not, enter the two-letter postal abbreviation for the state under whose laws you are claiming exemption. NC
- 3 Check if this certificate is for a single purchase and enter the related invoice/purchase order # _____.

Please print

Name of purchaser: ALL THINGS MISH-MASH

Business address: 126 WOODLANDS COURT, ADVANCE, NC 27006

Purchaser's tax ID number: 601245727

State of issue: NC

Country of issue: USA

Name of seller from whom you are purchasing, leasing, or renting: CARING TRANSITIONS OF TAMPA

Seller's address: TAMPA, FL

State: FL

City: TAMPA

Zip code: _____

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

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

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

<input type="checkbox"/> A Federal government (department)	<input checked="" type="checkbox"/> B State government (name) <u>NC Dept of Revenue</u>
<input type="checkbox"/> C Tribal government (name)	<input type="checkbox"/> D Foreign diplomat # _____
<input type="checkbox"/> H Agricultural production # _____	<input type="checkbox"/> I Industrial production/manufacturing # _____
<input type="checkbox"/> J Direct pay permit # _____	<input type="checkbox"/> K Direct mail # _____
<input type="checkbox"/> L Other (explain) _____	<input type="checkbox"/> G Resale # _____

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: Heather S. Meek Title: Member Date: 2-12-24

Phone number: 336-971-4358 E-mail address: hsmventures126@gmail.com