

**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.**

## Certificate of Exemption – Streamlined Sales and Use Tax Agreement

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 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 Multi-state Supplemental form.  
 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			
<input style="width: 100%;" type="text"/>			
Business address	City	State	ZIP code
<input style="width: 300px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Purchaser's tax ID number	State of issue	Country of issue	
<input style="width: 300px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 500px;" type="text"/>	
If no tax ID number enter one of the following:	FEIN	Driver's license number/state-issued ID number	Foreign diplomat number
	<input style="width: 100px;" type="text"/>	State of issue	Number
	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Name of seller from whom you are purchasing, leasing or renting			
HERITAGE COOPERATIVE, INC			
Seller's address	City	State	ZIP code
59 GREIF PARKWAY	DELAWARE	OH	43015

4. Type of business. Check the box next to the number that describes your business.

- |  |  |
|--|--|
| <input type="checkbox"/> 01 Accommodation and food services            | <input type="checkbox"/> 11 Transportation and warehousing                             |
| <input type="checkbox"/> 02 Agricultural, forestry, fishing, hunting   | <input type="checkbox"/> 12 Utilities  |
| <input type="checkbox"/> 03 Construction                               | <input type="checkbox"/> 13 Wholesale trade  |
| <input type="checkbox"/> 04 Finance and insurance                      | <input type="checkbox"/> 14 Business services  |
| <input type="checkbox"/> 05 Information, publishing and communications | <input type="checkbox"/> 15 Professional services                                      |
| <input type="checkbox"/> 06 Manufacturing                              | <input type="checkbox"/> 16 Education and health-care services                         |
| <input type="checkbox"/> 07 Mining                                     | <input type="checkbox"/> 17 Nonprofit organization                                     |
| <input type="checkbox"/> 08 Real estate                                | <input type="checkbox"/> 18 Government   |
| <input type="checkbox"/> 09 Rental and leasing                         | <input type="checkbox"/> 19 Not a business   |
| <input type="checkbox"/> 10 Retail trade                               | <input type="checkbox"/> 20 Other (explain) <input style="width: 100px;" type="text"/> |

5. Reason for exemption. Check the box next to the letter that identifies the reason for the exemption.

- |   |   |
|---|---|
| <input type="checkbox"/> A Federal government (department) <input style="width: 150px;" type="text"/>         | <input type="checkbox"/> H Agricultural production # <input style="width: 150px;" type="text"/>             |
| <input type="checkbox"/> B State or local government (name) <input style="width: 150px;" type="text"/>        | <input type="checkbox"/> I Industrial production/manufacturing # <input style="width: 150px;" type="text"/> |
| <input type="checkbox"/> C Tribal government (name) <input style="width: 150px;" type="text"/>                | <input type="checkbox"/> J Direct pay permit # <input style="width: 150px;" type="text"/>                   |
| <input type="checkbox"/> D Foreign diplomat # <input style="width: 150px;" type="text"/>                      | <input type="checkbox"/> K Direct mail # <input style="width: 150px;" type="text"/>                         |
| <input type="checkbox"/> E Charitable organization # <input style="width: 150px;" type="text"/>               | <input type="checkbox"/> L Other (explain) <input style="width: 150px;" type="text"/>                       |
| <input type="checkbox"/> F Religious or educational organization # <input style="width: 150px;" type="text"/> | <input type="checkbox"/> M Educational Organization # <input style="width: 150px;" type="text"/>            |
| <input type="checkbox"/> G Resale # <input style="width: 150px;" type="text"/>                                |   |

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
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

