

## 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 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 \_\_\_\_\_

Business Address	City	State	Zip Code
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Purchaser's Tax ID Number	State of Issue	Country of Issue
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If no Tax ID Number Enter one of the following:	FEIN	Driver's License Number/State Issued ID Number	Foreign diplomat number
		State of Issue: Number	

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

CJK Group and its Wholly Owned Subsidiaries

Seller's address	City	State	Zip code
Please see attached	Brainerd	MN	56401

4. **Type of business.** Circle the number that describes your business

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

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

- |  |  |
|--|--|
| A <input type="checkbox"/> Federal government ( <i>department</i> ) _____  | H <input type="checkbox"/> Agricultural production # _____             |
| B <input type="checkbox"/> State or local government ( <i>name</i> ) _____ | I <input type="checkbox"/> Industrial production/manufacturing # _____ |
| C <input type="checkbox"/> Tribal government ( <i>name</i> ) _____         | J <input type="checkbox"/> Direct pay permit # _____                   |
| D <input type="checkbox"/> Foreign diplomat # _____                        | K <input type="checkbox"/> Direct mail # _____                         |
| E <input type="checkbox"/> Charitable organization # _____                 | L <input type="checkbox"/> Other ( <i>explain</i> ) _____              |
| F <input type="checkbox"/> Religious or educational organization # _____   |  |
| G <input type="checkbox"/> 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 \_\_\_\_\_

Print Name Here \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**Certificate of Exemption  
Multi-state Supplemental**

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		
OK		
RI		
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.

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