

# Streamlined Sales Tax Certificate of Exemption

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

This is a multi-state form for use in the states listed. Not all states allow all exemptions listed on this form. The purchaser is responsible for ensuring it is eligible for the exemption in the state it is claiming the tax exemption from. Check with the state for exemption information and requirements. The purchaser is liable for any tax and interest, and possible civil and criminal penalties imposed by the state, if the purchaser is not eligible to claim this exemption.

1.  Check if this certificate is for a single purchase. Enter the related invoice/purchase order # \_\_\_\_\_.

2. **Print or type**

A. Purchaser's name  
Girl Scouts of Black Diamond Council, Inc.

B. Business address      City      State      Country      Zip code  
321 Virginia Street, West      Charleston      WV      US      25302

C. Name of seller from whom you are purchasing, leasing or renting  
\_\_\_\_\_

D. Seller's address      City      State      Country      Zip code  
\_\_\_\_\_

3. **Purchaser's type of business.** Check the number that best describes your business.

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

4. **Reason for exemption.** Check the letter that identifies the reason for the exemption.

- |   |  |
|---|--|
| <input type="checkbox"/> A Federal government (Department) * _____  | <input type="checkbox"/> H Agricultural Production *                             |
| <input type="checkbox"/> B State or local government (Name) * _____ | <input type="checkbox"/> I Industrial production/manufacturing *                 |
| <input type="checkbox"/> C  | <input type="checkbox"/> J Direct pay permit *                                   |
| <input type="checkbox"/> D Foreign diplomat # _____                 | <input type="checkbox"/> K Direct Mail *   |
| <input type="checkbox"/> E Charitable organization *                | <input checked="" type="checkbox"/> L Other (Explain) <u>Nonprofit 501(c)(3)</u> |
| <input type="checkbox"/> F Religious organization *                 | <input type="checkbox"/> M Educational Organization *                            |
| <input type="checkbox"/> G Resale *                                 |  |

\* see Instructions on back (page 2)

5. **Identification (ID) number:** Enter the ID number as required in the instructions for each state in which you are claiming an exemption. If claiming multiple exemption reasons, enter the letters identifying each reason as listed in Section 4 for each state.

ID number	State/Country	Reason	ID number	State/Country	Reason
AR			NV		
GA			OH		
IA			OK		
IN			RI		
KS			SD		
KY	<u>KY</u>	<u>L</u>	TN		
MI			UT		
MN			VT		
NC			WA		
ND			WI		
NE			WV		
NJ			WY		

6. I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.

Signature of authorized purchaser: Denise Hershey      Print name: Denise Hershey      Title: CFO      Date: 6-17-24