

# Tax Exempt Sales Slip

CUSTOMER NAME (BUSINESS NAME)
ADDRESS
CITY STATE ZIP
TAX EXEMPT NUMBER
NATURE OF BUSINESS
DESCRIPTION OF PURCHASE
SIGNATURE

I declare under penalties of law that I am authorized to sign this certificate, have read and examined it, and that the declaration contained herein is true and correct to the best of my knowledge and belief. \* South Dakota: I certify that the funds used to pay for this sale are from the organization listed above.

## TYPE OF EXEMPTION

(CHECK ONE)

\* This type of exemption NOT allowable  
in these states

		CODE
RESALE	<input type="checkbox"/>	2
MANUFACTURER	<input type="checkbox"/>	4
FARM	<input type="checkbox"/>	8
* IA, ND, SD, NE		
CHURCH/NON-PROFIT	<input type="checkbox"/>	10
* IA, ND, SD		
GOV'T/SCHOOL	<input type="checkbox"/>	12
LICENSED MOTOR VEHICLE	<input type="checkbox"/>	14
* WI, MN, MI, IA, IL, IN, ND, NE		
HEALTH INSTITUTION	<input type="checkbox"/>	18
* WI, MN, MI, IA, IL, IN, SD, NE		
MONTANA RESIDENT	<input type="checkbox"/>	20
Only allowable in ND, if sole purpose of entering state is to purchase goods.		

DO NOT WRITE BELOW THIS LINE

VALIDATION ONLY