



445 E Capitol Ave

Pierre, SD 57501

Streamlined Sales and Use Tax Agreement

Certificate of Exemption

[ ] Check if you are attaching the Multi-State Supplemental Form

If not, please enter the two-letter postal abbreviation for the state under whose laws you are claiming exemption: SD

[ ] Check if this certificate is for a single purchase. Enter the related invoice/purchase order number:

Name of Purchaser: Brown County, SD

Business Address: 25 Market Street, Suite 1 City: Aberdeen State: SD Zip: 57401

Purchaser's Tax ID No.: 1018-0814RG State of Issue: SD Country of Issue:

If No Tax ID No., enter one of the following: FEIN: Foreign Diplomat Number:

Driver's License Number/State Issued ID Number: State of Issue:

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

Seller's Address: City: State: Zip:

Check the box that best describes your business.

[ ] Accommodation and food services

[ ] Agricultural, forestry, fishing, hunting

[ ] Construction

[ ] Finance and insurance

[ ] Information, publishing, and communications

[ ] Manufacturing

[ ] Mining

[ ] Real estate

[ ] Rental and leasing

[ ] Retail trade

[ ] Transportation and warehousing

[ ] Utilities

[ ] Wholesale trade

[ ] Business services

[ ] Professional services

[ ] Education and health-care services

[ ] Nonprofit organization

[x] Government

[ ] Not a business

[ ] Other (explain):

Reason for Exemption (Check the box that best identifies)

[ ] Federal government (department):

[x] State or local government (name): Brown County

[ ] Tribal government (name):

[ ] Foreign diplomat (#):

[ ] Charitable organization (#):

Religious organization (does not apply in SD)

[ ] Resale (#):

[ ] Agricultural production (#):

Industrial production/manufacturing (does not apply in SD)

[ ] Direct pay permit (#):

[ ] Direct mail (#):

[ ] Other (explain):

[ ] Educational organization (#):

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

Signature: Emily Filsinger Name: Emily Filsinger Title: Chief Deputy Auditor Date: 01/01/2021

# 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	Government Entity	1018-0814RG
TN	_____	_____
UT	_____	_____
VT	_____	_____
WA	_____	_____
WI	_____	_____
WV	_____	_____
WY	_____	_____

*SSUTA Direct Mail provisions are not in effect for Tennessee*