Customer #

DEPARTMENT OF REVENUE

South Dakota Department of Revenue

445 E Capitol Ave

Pierre, SD 57501

Streamlined Sales and Use Tax Agreement

[] Tribal government (name): [] Direct pay permit (#): [] Foreign diplomat (#): [] Direct mail (#): [] Charitable organization (#): [] Other (explain):	Certific	ate of Exemption	
[] Check if this certificate is for a single purchase. Enter the related invoice/purchase order number: Name of Purchaser: Business Address:		ntal Form	
[] Check if this certificate is for a single purchase. Enter the related invoice/purchase order number: Name of Purchaser: Business Address:	If not, please enter the two-letter postal abbreviation [.]	for the state under whose laws yo	ou are claiming exemption: <u>SD</u>
Business Address:			
Purchaser's Tax ID No.:			
Purchaser's Tax ID No.:	Business Address:	City:	State: Zip:
Driver's License Number/State Issued ID Number:			
Driver's License Number/State Issued ID Number:	If No Tax ID No., enter one of the following: FEIN:	Foreign Diplomat Number:	
Name of seller from whom you are purchasing, leasing, or renting: Seller's Address:			
Check the box that best describes your business. [] Accommodation and food services [] Transportation and warehousing [] Accommodation and food services [] Utilities [] Agricultural, foresting, fishing, hunting [] Utilities [] Construction [] Wholesale trade [] Finance and insurance [] Business services [] Information, publishing, and communications [] Professional services [] Manufacturing [] Kourantian [] Agricultural and leasing [] Nonprofit organization [] Retail trade [] Other (explain): [] Federal government (department): [] Agricultural production (#): [] Tribal government (name): [] Direct mail (#): [] Foreign diplomat (#): [] Direct mail (#): [] Charitable organization (does not apply in SD) [] Educational organization (#): [] Resale (#): [] Direct mail organization (#):			
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	Religious organization (does not apply in SD)	[] Educational organization (#):	
I declare that the information on this certificate is correct and complete to the best of my knowledge and belief	[] Resale (#):		
		and complete to the best of my k	nowledge and belief.

Signature: _____ Date: _____ Title: _____ Date: _____

Form: 2040