



CERTIFICATE OF EXEMPTION
OFFICE OF STATE TAX COMMISSIONER
SFN 21999 (4-2020)

**Streamlined Sales and
Use Tax Agreement**

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 multistate 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. <input checked="" type="checkbox"/> Check if you are attaching the Multistate Supplemental form. If not, enter the two-letter abbreviation for the state under whose laws you are claiming exemption. _____			
2. <input type="checkbox"/> Check if this certificate is for a Single Purchase Certificate. Enter the related invoice/purchase order _____.			
3. Purchaser Name (please print) RIEKES EQUIPMENT COMPANY			
Business Address 1007 W MAIN AVE		City WEST FARGO	State ND
Purchaser's Tax ID Number 278871		State of Issue ND	ZIP Code 58078
If No Tax Identification Number Enter One of the Following:	Federal Employer Identification Number 47-0669023		Foreign Diplomat Number
	Driver's License Number/State Issued ID Number		State of Issue ND
Name of seller from whom you are purchasing, leasing or renting			
Seller's Address		City	State
			ZIP Code

4. Purchaser's Type of Business. Check the box that best describes your business.	
<input type="checkbox"/> Accommodation and food services <input type="checkbox"/> Agricultural, forestry, fishing, hunting <input type="checkbox"/> Construction <input type="checkbox"/> Finance and insurance <input type="checkbox"/> Information, publishing and communications <input type="checkbox"/> Manufacturing <input type="checkbox"/> Mining <input type="checkbox"/> Real estate <input type="checkbox"/> Rental and leasing <input checked="" type="checkbox"/> Retail trade	<input type="checkbox"/> Transportation and warehousing <input type="checkbox"/> Utilities <input type="checkbox"/> Wholesale trade <input type="checkbox"/> Business services <input type="checkbox"/> Professional services <input type="checkbox"/> Education and health-care services <input type="checkbox"/> Nonprofit organization <input type="checkbox"/> Government <input type="checkbox"/> Not a business <input type="checkbox"/> Other (explain) _____

5. Reason for Exemption. Check the box that identifies the reason for the exemption.	
<input type="checkbox"/> Federal government (Department) _____	Agricultural production # _____
<input type="checkbox"/> State or local government (Name) _____	<input type="checkbox"/> Industrial production/manufacturing # _____
<input type="checkbox"/> Tribal government (Name) _____	<input type="checkbox"/> Direct pay permit # _____
<input type="checkbox"/> Foreign diplomat # _____	<input type="checkbox"/> Direct mail # _____
<input type="checkbox"/> Charitable organization # _____	<input type="checkbox"/> Other (explain) _____
<input type="checkbox"/> Religious organization # _____	<input type="checkbox"/> Educational organization # _____
<input checked="" type="checkbox"/> Resale # 278871	

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

Signature of Authorized Purchaser 	Title CONTROLLER
Print Name Here SCOTT ANDERSON	Date 01-02-2023