



445 E. Capitol Ave. • Pierre, SD 57501

Streamlined Sales and Use Tax Agreement

Certificate of Exemption

This is a multi-state 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. ☒ Check if you are attaching the Multi-State Supplemental form.
☐ If not, enter the two-letter postal abbreviation for the state under whose laws you are claiming exemption.

2. ☐ Check if this certificate is for a single purchase. Enter the related invoice/purchase order # _____

3. Please print

Name of purchaser: RIEKES EQUIPMENT COMPANY

Business Address: 47068 104TH STREET

City: SIOUX FALLS

State: SD

Zip Code: 57108-8144

Purchaser's Tax ID Number: 1018-3252-ST

State of Issue: SD

Country of Issue:

If no Tax ID Number, 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 code:

4. Type of business. Circle the number that describes your business

- 01 ☐ Accommodation and food services
 02 ☐ Agricultural, forestry, fishing, hunting
 03 ☐ Construction
 04 ☐ Finance and insurance
 05 ☐ Information, publishing and communications
 06 ☐ Manufacturing
 07 ☐ Mining
 08 ☐ Real estate
 09 ☐ Rental and leasing
 10 ☒ Retail trade

- 11 ☐ Transportation and warehousing
 12 ☐ Utilities
 13 ☐ Wholesale trade
 14 ☐ Business services
 15 ☐ Professional services
 16 ☐ Education and health-care services
 17 ☐ Nonprofit organization
 18 ☐ Government
 19 ☐ Not a business
 20 ☐ Other (explain) _____

5. Reason for exemption. Circle the letter that identifies the reason for the exemption.

- A ☐ Federal government (department) _____
 B ☐ State or local government (name) _____
 C ☐ Tribal government (name) _____
 D ☐ Foreign diplomat # _____
 E ☐ Charitable organization # _____
 F ☐ Religious organization # Does Not Apply in S.D.
 G ☒ Resale # 1018-3252-ST
 H ☐ Agricultural production # _____
 I ☐ Industrial production/manufacturing Does Not Apply in S.D.
 J ☐ Direct pay permit # _____
 K ☐ Direct mail # _____
 L ☐ Other (explain) _____
 M ☐ Educational Organization # _____

6. Sign here.

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

Signature of Authorized Purchaser

Print Name Here

Title

Date

SCOTT ANDERSON

CONTROLLER

01-02-2023