

Streamlined Sales Tax Agreement Certificate of Exemption

Warning to purchaser:

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 is due tax on this sale. The state that is due tax on this sale will be notified that you claimed exemption from sales tax. You will be held liable for any tax and interest, as well as civil and criminal penalties imposed by the member state, if you are not eligible to claim this exemption. Sellers may not accept a certificate of exemption for sales sourced within the state if an exemption does not apply in the seller's state.

NC Enter the two-letter postal abbreviation for the state under whose laws you are claiming exemption.

Check one: Single purchase certificate. Relates to invoice/purchase order # _____.
 Blanket certificate. If checked, this certificate continues in force until canceled by the purchaser.

Print or Type

Name of Purchaser: Betsy Anderson Interiors L.L.C.
 Business Address: 723 W. Johnson St. City: Raleigh State: N.C. Zip Code: 27603
 Purchaser's Tax ID Number: _____ State of Issue: NC Country of Issue: U.S.

If No Tax ID Number, Enter One of the Following: FEIN _____ Driver's License Number/State Issued ID Number _____ Foreign Diplomat Number _____
State of Issue Number

Name of Seller From Whom You Are Purchasing, Leasing, or Renting: BAKER INTERIORS GROUP
 Seller's Address: 319 NORTH HAMILTON STREET City: HIGH POINT State: NC Zip Code: 27260

Type of Business

Type of Business. Check the number that describes your business.

<input type="checkbox"/> 01 Accommodation and food services	<input type="checkbox"/> 11 Transportation and warehousing
<input type="checkbox"/> 02 Agricultural, forestry, fishing, and hunting	<input type="checkbox"/> 12 Utilities
<input type="checkbox"/> 03 Construction	<input type="checkbox"/> 13 Wholesale trade
<input type="checkbox"/> 04 Finance and insurance	<input type="checkbox"/> 14 Business services
<input type="checkbox"/> 05 Information, publishing, and communications	<input checked="" type="checkbox"/> 15 Professional services
<input type="checkbox"/> 06 Manufacturing	<input type="checkbox"/> 16 Education and health-care services
<input type="checkbox"/> 07 Mining	<input type="checkbox"/> 17 Nonprofit organization
<input type="checkbox"/> 08 Real estate	<input type="checkbox"/> 18 Government
<input type="checkbox"/> 09 Rental and leasing	<input type="checkbox"/> 19 Not a business
<input checked="" type="checkbox"/> 10 Retail trade	<input type="checkbox"/> 20 Other (explain) _____

Reason for Exemption

Reason for Exemption. Check the letter that identifies the reason for the exemption.

<input type="checkbox"/> A Federal government (department) _____	<input type="checkbox"/> H Agricultural production # _____
<input type="checkbox"/> B State _____ government (name) _____	<input type="checkbox"/> I Industrial production/manufacturing # _____
<input type="checkbox"/> C Tribal government (name) _____	<input type="checkbox"/> J Direct pay permit # _____
<input type="checkbox"/> D Foreign diplomat # _____	<input type="checkbox"/> K Multiple points of use (services, digital goods, or computer software delivered electronically)
<input type="checkbox"/> G Resale # <u>601-230-138</u>	<input type="checkbox"/> L Direct mail # _____
	<input type="checkbox"/> M Other (explain) _____

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

Sign Here

Signature of Authorized Purchaser: Betsy Anderson Print Name Here: Betsy Anderson Title: Ms. Date: 02/06/23