

# 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			
THE UNIVERSITY OF NORTH CAROLINA AT PEMBROKE			
Business Address		City	State Zip Code
PO BOX 1510		PEMBROKE	NC 28372
Purchaser's Tax ID Number		State of Issue	Country of Issue
40029		NC	US
If No Tax ID Number, Enter One of the Following:	FEIN	Driver's License Number/State Issued ID Number	
	56-6000805	State of Issue NC Number	
		Foreign Diplomat Number	
		US	
Name of Seller From Whom You Are Purchasing, Leasing, or Renting			

Seller's Address		City	State Zip Code
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**Type of Business.** Check the number that describes your business.

Type of 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 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 checked="" type="checkbox"/> 18 Government              |
| <input type="checkbox"/> 09 Rental and leasing                           | <input type="checkbox"/> 19 Not a business                     |
| <input type="checkbox"/> 10 Retail trade                                 | <input type="checkbox"/> 20 Other (explain) _____              |


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

Reason for Exemption

- |   |  |
|---|--|
| <input type="checkbox"/> A Federal government (department) _____            | <input type="checkbox"/> H Agricultural production # _____   |
| <input checked="" type="checkbox"/> B State or local government (name) UNCP | <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"/> E Charitable organization # _____                  | <input type="checkbox"/> L Direct mail # _____   |
| <input type="checkbox"/> F Religious or educational organization # _____    | <input type="checkbox"/> M Other (explain) _____   |
| <input type="checkbox"/> G Resale # _____                                   |  |

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	Print Name Here	Title	Date
	Michelle Donegain	Controller	3/3/21