

South Dakota 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 may be notified that you claimed exemption from sales tax.

The purchaser will be held liable for any tax and interest, and possible civil and criminal penalties imposed by the member state, if the purchaser is not eligible to claim this exemption.

- 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. **SD**
- Check if this certificate is for a Single Purchase Certificate. Invoice/purchase order # _____

3. **Print or type**

A. Name of purchaser Riekes Equipment Company			
B. Business address	City	State	Zip code
47068 104th Street	Sioux Falls	SD	57108-8144
C. Purchaser's tax ID number	State of issue	County of issue	
1018-3252-ST, 1018-3253-ST	SD		
D. If no tax ID number, enter FEIN 47-0669023			
E. If no ID number or FEIN, enter Driver's License Number/State Issued ID number			state of issue
F. Foreign diplomat number			
G. Name of seller from whom you are purchasing, leasing or renting			
H. Seller's address	City	State	Zip code

4. **Circle type of business**

Purchaser's Type of business. Circle the number that best describes your business.

<input type="checkbox"/> 01 Accommodation and food services	<input type="checkbox"/> 11 Transportation and warehousing
<input type="checkbox"/> 02 Agriculture, forestry, fishing, 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 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) _____

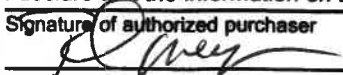
5. **Circle reason for exemption**

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

A <input type="checkbox"/> Federal government (Department) _____	H <input type="checkbox"/> Agricultural
B <input type="checkbox"/> State or local government (Agency) _____	I <input type="checkbox"/> Industrial production/manufacturing <u>Does not apply in SD</u>
C <input type="checkbox"/> Tribal government	J <input type="checkbox"/> Direct pay permit
D <input type="checkbox"/> Foreign diplomat	K <input type="checkbox"/> Direct Mail
E <input type="checkbox"/> Charitable organization	L <input type="checkbox"/> Other (Explain) _____
F <input type="checkbox"/> Religious or educational organization	
G <input checked="" type="checkbox"/> Resale	

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 Ron D. Meyer	Title Controller	Date
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**South Dakota Streamlined Sales and Use Tax Agreement
 Certificate of Exemption: Multistate Supplemental**

Name of Purchaser
 Riekes Equipment Company

State	Reason for exemption	Identification number (if required)
AR		
IA	Resale	1-97-031873
IN		
KS		
KY		
MI		
MN	Resale	1328497
NC		
ND		
NE	Resale	01-4695925
NJ		
NV		
OH		
RI		
OK		
SD	Resale	1018-3253-ST, 1018-3253-ST
TN		
UT		
VT		
WA		
WI		
WV		
WY		

A seller doing business in a state that is not a member of the Streamlined Agreement must obtain documentation to support exempt transactions as required by that state.