



445 E Capitol Ave

Pierre, SD 57501

Streamlined Sales and Use Tax Agreement**Certificate of Exemption**☐ Check if you are attaching the Multi-State Supplemental Form

If not, please enter the two-letter postal abbreviation for the state under whose laws you are claiming exemption: _____

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

Name of Purchaser: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Purchaser's Tax ID No.: _____ State of Issue: _____ Country of Issue: _____

If No Tax ID No., 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: MYBINDING LLC

Seller's Address: 9620 NE TANASBOURNE DRIVE, SUITE 250 City: HILLSBORO State: OR Zip: 97124

Check the box that best describes your business.

☐ Accommodation and food services☐ Agricultural, foresting, fishing, hunting☐ Construction☐ Finance and insurance☐ Information, publishing, and communications☐ Manufacturing☐ Mining☐ Real estate☐ Rental and leasing☐ Retail trade☐ Transportation and warehousing☐ Utilities☐ Wholesale trade☐ Business services☐ Professional services☐ Education and health-care services☐ Nonprofit organization☐ Government☐ Not a business☐ Other (explain): _____

Reason for Exemption (Check the box that best identifies)

☐ Federal government (department): _____☐ State or local government (name): _____☐ Tribal government (name): _____☐ Foreign diplomat (#): _____☐ Charitable organization (#): _____

Religious organization (does not apply in SD)

☐ Resale (#): _____☐ Agricultural production (#): _____

Industrial production/manufacturing (does not apply in SD)

☐ Direct pay permit (#): _____☐ Direct mail (#): _____☐ Other (explain): _____☐ Educational organization (#): _____

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

Signature: _____ Name: _____ Title: _____ Date: _____

Multi-State Supplemental

Name of Purchaser: _____

State	Reason for Exemption	Identification Number (if required)
AR	_____	_____
GA	_____	_____
IA	_____	_____
IN	_____	_____
KS	_____	_____
KY	_____	_____
MI	_____	_____
MN	_____	_____
NC	_____	_____
ND	_____	_____
NE	_____	_____
NJ	_____	_____
NV	_____	_____
OH	_____	_____
OK	_____	_____
RI	_____	_____
SD	_____	_____
TN	_____	_____
UT	_____	_____
VT	_____	_____
WA	_____	_____
WI	_____	_____
WV	_____	_____
WY	_____	_____

SSUTA Direct Mail provisions are not in effect for Tennessee