

ST-101EFO00149
06-10-14Idaho State Tax Commission
SALES TAX RESALE OR EXEMPTION CERTIFICATE

Seller's Name			Buyer's Name		
Address			Address		
City	State	Zip Code	City	State	Zip Code

1. Buying for Resale. I will sell, rent, or lease the goods I am buying in the regular course of my business.

- a. Primary nature of business _____ Describe the products you sell, lease, or rent _____
- b. Check the block that applies:
- ☐ Idaho registered retailer. Seller's permit number _____ (required - see instructions)
- ☐ Wholesale only; no retail sales
- ☐ Out-of-state retailer; no Idaho business presence
- ☐ Idaho registered prepaid wireless service seller. E911 fee permit number _____ (required - see instructions)

2. Producer Exemptions (see instructions). I will put the goods purchased to an exempt use in the business indicated below.

Check all that apply and complete the required information.

- ☐ Logging Exemption
- ☐ Broadcasting Exemption
- ☐ Publishing Free Newspapers
- ☐ Production Exemption (check all that apply): ☐ Farming ☐ Ranching ☐ Manufacturing ☐ Processing ☐ Fabricating ☐ Mining

List the products you produce: _____

3. Exempt Buyer. All purchases are exempt, and no permit number is required. Check the block that applies.

- | | | | |
|--|---|---|---|
| ☐ Advocates for Survivors of Domestic Violence and Sexual Assault, Inc. | ☐ Center for Independent Living | ☐ Nonprofit Children's Free Dental Service Clinic | ☐ Senior Citizen Center |
| ☐ American Indian Tribe | ☐ Emergency Medical Service Agency | ☐ Nonprofit Hospital | ☐ State/Federal Credit Union |
| ☐ American Red Cross | ☐ Federal/Idaho Government Entity | ☐ Nonprofit Museum | ☐ Volunteer Fire Department |
| ☐ Amtrak | ☐ Forest Protective Association | ☐ Nonprofit School | |
| ☐ Blind Services Foundation, Inc. | ☐ Idaho Foodbank Warehouse, Inc. | ☐ Qualifying Health Organization (see instructions for list) | |
| ☐ Nonprofit Canal Company | | | |

4. Contractor Exemptions (see instructions).

- a. Invoice, purchase order, or job number to which this claim applies _____
- b. City and state where job is located _____
- c. Project owner name _____
- d. This exempt project is: (check appropriate box)
- ☐ In a nontaxing state. (To qualify, materials must become part of the real property.)
- ☐ An agricultural irrigation project.
- ☐ For production equipment owned by a producer who qualifies for the production exemption.

5. Other Exempt Goods and Buyers (see instructions).

- | | |
|--|---|
| ☐ Aircraft used to transport passengers or freight for hire | ☐ Livestock sold at a public livestock market |
| ☐ Aircraft purchased by nonresident for out-of-state use | ☐ Medical items that qualify |
| ☐ American Indian buyer holding Tribal ID No. _____ | ☐ Pollution control items |
| This form doesn't apply to vehicles or boats. See instructions. | ☐ Research and development goods |
| ☐ Church buying goods for food bank or to sell meals to members | ☐ Snowmaking/grooming equipment; or aerial tramway component |
| ☐ Food bank or soup kitchen buying food or food service goods | ☐ Other goods or entity exempt by law under the following statute (required) _____ |
| ☐ Glider kits for IRP-registered vehicles | |
| ☐ Heating fuel | |

Buyer: Read and sign. I certify that all statements I have made on this form are true and correct to the best of my knowledge. I understand that falsification of this certificate for the purpose of evading payment of tax is a misdemeanor. Other penalties may also apply.

Buyer's Signature	Buyer's Name (please print)	Title
Buyer's Federal EIN or Driver's License No. and State of Issue		Date

Seller: Each exemption a customer may claim on this form has special rules (see instructions). It's your responsibility to learn the rules. You must charge tax to any customers and on any goods that don't qualify for a claimed exemption and are taxable by law.

- This form is valid only if all information is complete.
- The seller must keep this form.
- The blank form may be reproduced.