

Form ST-101 Sales Tax Resale or Exemption Certificate (Contractors improving real property, use Form ST-103C)

| Duniquia nama | | | | 0-11 | | | | |
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| Buyer's name | | | | Seller's name | | | | |
| Address | | | | Address | | | | |
| City | | State | ZIP code | City | | State | ZIP code | |
| Seller: All purchases might not qualify for the exemption claimed. Refer to the instructions for information about each exemption, and items on which you should collect tax. Buyer: Complete the section that applies to you. If the goods you're buying don't qualify for the exemption you're claiming, you will be responsible for the tax due. Refer to the instructions for information about each exemption, and items on which you should pay tax. | | | | | | | | |
| Buying for Resale. I'll sell, rent, or lease the goods I'm buying in the regular course of my business. a. Describe the primary nature of your business (required) | | | | | | | | |
| | Describe the products you b. Check the box that applies | : | | ease(required) | | | | |
| | Idaho registered retailer; seller's permit number | | | | | | | |
| 2. | Idaho registered prepaid wireless service seller; E911 fee permit number Producer Exemptions (see instructions). Describe the products you produce. | | | | | (required - see instructions) | | |
|] 3. [[[[[| I'll put the goods that I'm buy Broadcasting Logging Publishing free newspapers Exempt Buyers. Purchases Advocates for Survivors of Violence and Sexual Assau American Indian tribes American Red Cross Amtrak Blind Services Foundation Canal companies (nonprof | F s made dire Domestic ult, Inc. , Inc. | Production Exemption (Fabricating Hu Farming Ma ectly by the entities lis Children's free of (nonprofit only) Credit unions (st Emergency med agencies (nonprofit only) Forest protective Government (U. Hospitals (nonprofit) | (check all that apply): unting or fishing operation anufacturing sted below are exempt dental service clinics state/federal) dical services (EMS) rofit only) e associations S./Idaho) | on | ho Foodbank seums (nonpro alifying health e instructions nools (nonprof | Ranching applies. Warehouse, Inc. ofit only) organizations for list) it only) nters (nonprofit only) | |
| 4. [[[[| Other Exempt Goods and Aerial tramway component American Indian buyer holdi You can't use this form fo (see instructions) Certified data center Church buying goods for fo Food bank or soup kitchen Heating fuels | Livestock Medical ite Pollution of Qualified sers Research Other goo | Livestock sold at a public livestock market Medical items that qualify (see instructions) Pollution control items | | | | | |
| | By signing this form, I certify that the statements I made on this form are true and correct. I know that submitting false information can result in criminal and civil penalties. | | | | | | | |
| Buyer's signature Buyer's name (plea | | | | print) | nt) Title | | | |
| Buyer's federal EIN or driver's license number and state of issue | | | | | | Date | | |