

## Streamlined Sales and Use Tax Certificate of Exemption

This is a multistate 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 would otherwise be due tax on this sale. The seller may be required to provide this exemption certificate (or the data elements required on the form) to a state that would otherwise be due tax on this sale.

The purchaser will be held liable for any tax and interest, and possibly civil and criminal penalties imposed by the member state, if the purchaser is not eligible to claim this exemption. A seller may not accept a certificate of exemption for an entity-based exemption on a sale made at a location operated by the seller within the designated state if the state does not allow such an entity-based exemption.

1.  Check if you are attaching the Multistate Supplemental form.  
**T** **N** If not, enter the two-letter postal abbreviation for the state under whose laws you are claiming exemption.
2.  Check if this certificate is for a single purchase and enter the related invoice/purchase order # \_\_\_\_\_.

3. **Please Print:** \_\_\_\_\_  
Name of Purchaser

<b>Business Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Purchaser's Tax ID Number</b>		<b>State of Issue</b>		<b>Country of Issue</b>
<b>If no Tax ID Number:</b>	<b>1) FEIN</b>	<b>2) Driver's License Number or State Issued ID Number</b>		<b>3) Foreign Diplomat Number</b>
<b>Enter one of the following:</b>		State _____ No. _____		

**Please Print:** TRAVIS ROOFING SUPPLY

**Name of seller from whom you are purchasing, leasing or renting**

5900 S LAKE FOREST DR #400	McKINNEY	TX	75070
<b>Seller's address</b>	<b>City</b>	<b>State</b>	<b>Zip code</b>

4. **Type of business.** Circle the number that describes your business

- |  |  |
|--|--|
| <input type="checkbox"/> <b>01</b> Accommodation and food services<br><input type="checkbox"/> <b>02</b> Agricultural, forestry, fishing, hunting<br><input type="checkbox"/> <b>03</b> Construction<br><input type="checkbox"/> <b>04</b> Finance and insurance<br><input type="checkbox"/> <b>05</b> Information, publishing and communications<br><input type="checkbox"/> <b>06</b> Manufacturing<br><input type="checkbox"/> <b>07</b> Mining<br><input type="checkbox"/> <b>08</b> Real estate<br><input type="checkbox"/> <b>09</b> Rental and leasing<br><input type="checkbox"/> <b>10</b> Retail trade | <input type="checkbox"/> <b>11</b> Transportation and warehousing<br><input type="checkbox"/> <b>12</b> Utilities<br><input type="checkbox"/> <b>13</b> Wholesale trade<br><input type="checkbox"/> <b>14</b> Business services<br><input type="checkbox"/> <b>15</b> Professional services<br><input type="checkbox"/> <b>16</b> Education and health-care services<br><input type="checkbox"/> <b>17</b> Nonprofit organization<br><input type="checkbox"/> <b>18</b> Government<br><input type="checkbox"/> <b>19</b> Not a business<br><input type="checkbox"/> <b>20</b> Other ( <i>explain</i> ) _____ |
|--|--|

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

- |  |  |
|--|--|
| <input type="checkbox"/> <b>A</b> Federal government ( <i>department</i> ) _____<br><input type="checkbox"/> <b>B</b> State or local government ( <i>name</i> ) _____<br><input type="checkbox"/> <b>C</b> Tribal government ( <i>name</i> ) _____<br><input type="checkbox"/> <b>D</b> Foreign diplomat # _____<br><input type="checkbox"/> <b>E</b> Charitable organization # _____<br><input type="checkbox"/> <b>F</b> Religious or educational organization _____<br><input type="checkbox"/> <b>G</b> Resale _____ | <input type="checkbox"/> <b>H</b> Agricultural production # _____<br><input type="checkbox"/> <b>I</b> Industrial production/manufacturing # _____<br><input type="checkbox"/> <b>J</b> Direct pay permit # _____<br><input type="checkbox"/> <b>K</b> _____<br><input type="checkbox"/> <b>L</b> Other ( <i>explain</i> ) _____ |
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6. **Sign here.** I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.

<b>Signature of Authorized Purchaser</b>	<b>Print Name</b>	<b>Title</b>	<b>Date</b>
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