

# E-595E Streamlined Sales and Use Tax Certificate of Exemption

**Do not send this form to the Streamlined Sales Tax Governing Board or the NC Department of Revenue. Send the completed form to the seller and keep a copy for your records.** This is a multi-state form for use in the states listed. Not all states allow all exemptions listed on this form. The purchaser is responsible for ensuring it is eligible for the exemption in the state it is claiming the tax exemption from. Check with the state for exemption information and requirements. **The purchaser is liable for any tax and interest, and possible civil and criminal penalties imposed by the state, if the purchaser is not eligible to claim this exemption.**

**1**  Check if this certificate is for a single purchase. Enter the related invoice/purchase order # \_\_\_\_\_

**2** A. Purchaser's name  
SUNFLOWER HILL FARM, LLC

B. Business address City State Country Zip code  
PO BOX 851 LEXINGTON NC  US 27293

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

D. Seller's address City State Country Zip code

**3 Purchaser's type of business.** Check the number that describes your business.

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

**4 Reason for exemption.** Check the letter that identifies the reason for the exemption.

- |  |  |
|--|--|
| <input type="checkbox"/> A Federal government (department) _____ | <input type="checkbox"/> H Agricultural production # _____             |
| <input type="checkbox"/> B State _____ government (name) _____   | <input type="checkbox"/> I Industrial production/manufacturing # _____ |
| <input type="checkbox"/> C Tribal government (name) _____        | <input type="checkbox"/> J Direct pay permit # _____                   |
| <input type="checkbox"/> D Foreign diplomat # _____              | <input type="checkbox"/> K Direct mail # _____                         |
| <input type="checkbox"/> _____                                   | <input type="checkbox"/> L Other (explain) _____                       |
| <input checked="" type="checkbox"/> G Resale # 003283970         |  |

**5 Identification (ID) number.** Enter the ID number as required in the instructions for each state in which you are claiming an exemption. If claiming multiple exemption reasons, enter the letters identifying each reason as listed in Section 4 for each state.

ID Number	State/Country	Reason	ID Number	State/Country	Reason
AR _____	_____	_____	NV _____	_____	_____
GA _____	_____	_____	OH _____	_____	_____
IA _____	_____	_____	OK _____	_____	_____
IN _____	_____	_____	RI _____	_____	_____
KS _____	_____	_____	SD _____	_____	_____
KY _____	_____	_____	TN _____	_____	_____
MI _____	_____	_____	UT _____	_____	_____
MN _____	_____	_____	VT _____	_____	_____
NC 83-2085838	NC/US	G	WA _____	_____	_____
ND _____	_____	_____	WI _____	_____	_____
NE _____	_____	_____	WV _____	_____	_____
NJ _____	_____	_____	WY _____	_____	_____

**6 Sign and Date.** 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	Title	Date
_____	AMANDA BEVERIDGE	OWNER	10-18-22
Phone number	E-mail address		
(336) 906-0492	abeveridge1213@gmail.com		