

Streamlined Sales Tax Agreement  
Certificate of Exemption

**Do not send this form to the Streamlined Sales Tax Governing Board.  
Send the completed form to the seller and keep a copy for your records.**

This is a multi-state 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 possible 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.

☒ **WY** If not, enter the two-letter abbreviation for the state under whose laws you are claiming exemption.

2. ☐ Check if this certificate is for a **Single Purchase Certificate**. Enter the related invoice/purchase order # \_\_\_\_\_.

3. **Print or type**

A. Name of purchaser <b>UNIVERSITY OF WYOMING</b>			
B. Business address <b>1000 E UNIVERSITY AVE</b>		City <b>LARAMIE</b>	State <b>WY</b>
C. Purchaser's tax ID number <b>SALES TAX LICENSE 05000249</b>		State of Issue <b>WY</b>	Country of Issue <b>USA</b>
D. If no tax ID number, enter one of the following: FEIN <b>83-6000331</b>			
E. Driver's License Number/State Issued ID number		State of Issue	
F. Foreign diplomat number			
G. Name of seller from whom you are purchasing, leasing or renting			
H. Seller's address		City	State
			Zip code


4. **Purchaser's Type of business.** Circle the number that best describes your business.

- |  |  |
|--|--|
| <input type="checkbox"/> 01 Accommodation and food services            | <input type="checkbox"/> 11 Transportation and warehousing     |
| <input type="checkbox"/> 02 Agriculture, forestry, fishing, 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 checked="" type="checkbox"/> 18 Government              |
| <input type="checkbox"/> 09 Rental and leasing                         | <input type="checkbox"/> 19 Not a business                     |
| <input type="checkbox"/> 10 Retail trade                               | <input type="checkbox"/> 20 Other (explain) _____              |

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

- |  |  |
|--|--|
| A <input type="checkbox"/> Federal government (Department) _____                               | H <input type="checkbox"/> Agricultural Production # _____             |
| B <input checked="" type="checkbox"/> State or local government (Name) <b>STATE OF WYOMING</b> | I <input type="checkbox"/> Industrial production/manufacturing # _____ |
| C <input type="checkbox"/> Tribal government (Name) _____                                      | J <input type="checkbox"/> Direct pay permit # _____                   |
| D <input type="checkbox"/> Foreign diplomat # _____  | K <input type="checkbox"/> Direct Mail # _____                         |
| E <input type="checkbox"/> Charitable organization # _____                                     | L <input type="checkbox"/> Other (Explain) _____                       |
| F <input type="checkbox"/> Religious organization # _____                                      | M <input type="checkbox"/> Educational Organization # _____            |
| G <input type="checkbox"/> Resale # _____  |  |

6. **Sign here** 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 <b>CASEY GREEN, CPA</b>	Title <b>DIRECTOR OF TAX COMP</b>	Date
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