

**Streamlined Sales Tax Agreement
Certificate of Exemption (Washington State)**

**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.

WA 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
Timepayment Corp

B. Business address City State Zip code
200 Summit Dr, Suite 100 Burlington MA 01803

C. Purchaser's tax ID number State of Issue Country of Issue
20-067813 DE

D. If no tax ID number, enter one of the following: FEIN _____

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 _____

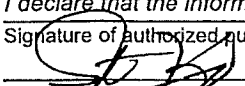
4. **Purchaser's Type of business.** Select the number that best describes your business.

- Circle type of 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 type="checkbox"/> 18 Government |
| <input checked="" 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.** Select the letter that identifies the reason for the exemption.

- Circle or check reason for exemption**
- | | |
|--|---|
| A <input type="checkbox"/> Federal government (Department) _____ | H <input type="checkbox"/> Agricultural Production # <u>Do not provide number</u> |
| B <input type="checkbox"/> State or local government (Name) <u>Not available in WA</u> | I <input type="checkbox"/> Industrial production/manufacturing # <u>Do not provide number</u> |
| 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 # <u>Not available in WA</u> | L <input type="checkbox"/> Other (Explain) _____ |
| F <input type="checkbox"/> Religious organization # <u>Not available in WA</u> | M <input type="checkbox"/> Educational Organization # <u>Not available in WA</u> |
| G <input checked="" type="checkbox"/> Resale # <u>602708092</u> | |

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	Title	Date
	Robert King	Director of Tax	02/14/2022