

South Dakota Streamlined Sales Tax Agreement Certificate of Exemption

Warning to purchaser:

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 is due tax on this sale. The state that is due tax on this sale may be notified that you claimed exemption from sales tax.

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.

1. Check if you are attaching the Multistate Supplemental form.
 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. Invoice/purchase order # _____.

3. **Print or type**

A. Name of purchaser TIMEPAYMENT CORP			
B. Business address 200 SUMMIT DR STE 100		City BURLINGTON	State MA
C. Purchaser's tax ID number 20-0687813		State of Issue DE	Zip code 01803
D. If no tax ID number, enter FEIN			
E. If no ID number or FEIN, enter Driver's License Number/State Issued ID number			
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. **Circle type of business**

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

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

5. **Circle reason for exemption**

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

A Federal government (Department) _____	H Agricultural
B State or local government (Agency) _____	I Industrial production/manufacturing <u>Does not apply in SD</u>
C Tribal government	J Direct pay permit
D Foreign diplomat	K Direct mail
E Charitable organization	L Other (Explain) _____
F Religious or educational organization	
G 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 <i>[Signature]</i>	Print name here SEAN CINHILIC	Title TAX ASSOCIATE	Date 01/10/2023
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