



## Streamlined Sales and Use Tax Certificate of Exemption

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. **Print or type**

A. Purchaser's name <i>TimePayment Corp.</i>									
B. Business address	<i>200 Summit Dr. Sultelco</i>	City	<i>Burlington</i>	State	<i>MA</i>	Country	<i>USA</i>	Zip code	<i>01803</i>
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 best describes your business.

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

4. **Reason for exemption.** Reason for Exemption (Check the box that best identifies)

- |  |   |
|--|---|
| <input type="checkbox"/> A Federal government (department): _____        | <input checked="" type="checkbox"/> G Resale: _____                                   |
| <input type="checkbox"/> B State or local government (name): _____       | <input type="checkbox"/> H Agricultural production: _____                             |
| <input type="checkbox"/> C Tribal government (name): _____               | <input type="checkbox"/> I Industrial production/manufacturing (does not apply in SD) |
| <input type="checkbox"/> D Foreign diplomat (#): _____                   | <input type="checkbox"/> J Direct pay permit: _____                                   |
| <input type="checkbox"/> E Charitable organization: _____                | <input type="checkbox"/> K Direct mail: _____   |
| <input type="checkbox"/> F Religious organization (does not apply in SD) | <input type="checkbox"/> L Other (explain): _____                                     |
|  | <input type="checkbox"/> M Educational organization: _____                            |

\*See instructions on back (page 2)

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	<i>1010-9630-ST</i>	<i>SD/USA</i>
KY			TN		
MI			UT		
MN			VT		
NC			WA		
ND			WI		
NE			WV		
NJ			WY		

6. 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

Title

Date

*Filippo Guidi*

*VP of Finance*

*1/2/2025*