

E-595E **Streamlined Sales and Use Tax Agreement** **Certificate of Exemption**

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 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 possibly 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.
 If not, enter the two-letter postal abbreviation for the state under whose laws you are claiming exemption.
- 2** Check if this certificate is for a single purchase and enter the related invoice/purchase order # _____.

3 Please print

Name of purchaser

TIMEPAYMENT CORP.

Business address	City	State	Zip code
400 TRADECENTER SUITE 6950	WOBURN	MA	01801
Purchaser's tax ID number	State of issue	Country of issue	

If no tax ID number, enter one of the following:	FEIN	Driver's license number/State issued ID number state of issue number	Foreign diplomat number
	20-0687813		

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

Seller's address	City	State	Zip code
------------------	------	-------	----------

4 Type of business. Check the number that describes your business.

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

5 Reason for exemption. Check the letter that identifies the reason for the exemption.

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

G Resale # 600482338

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

Phone number

E-mail address

(617) 360-7127

taxdepartment@timepayment.com

FILIPPO GUIDI

CFO

01-01-26