

Wisconsin Streamlined Sales and Use Tax Agreement Exemption Certificate

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 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 Multi-state 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. Purchaser's Information (please print)

Purchaser's Name Pure Sweet Honey Farm Inc				
Business Address 514 Commerce Parkway		City Verona	State WI	Zip 53593
Purchaser's Tax ID Number		State of Issue WI	Country of Issue	
If no Tax ID Number, enter one of the following:	FEIN: 39-1441442	Driver's License Number/State Issued ID Number and	State of Issue:	Foreign Diplomat Number:
Name of seller from whom you are purchasing, leasing or renting Engineered Specialties, LLC				
Seller's Address 6111 Mill Creek Dr.		City Auburndale	State WI	Zip 54412

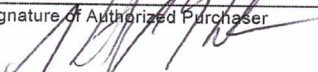
4. Type of business. Check the box next to the number that describes your business.

- | | |
|---|--|
| <input type="checkbox"/> 01 Accommodation and food services
<input type="checkbox"/> 02 Agricultural, forestry, fishing, hunting
<input type="checkbox"/> 03 Construction
<input type="checkbox"/> 04 Finance and insurance
<input type="checkbox"/> 05 Information, publishing and communications
<input checked="" type="checkbox"/> 06 Manufacturing
<input type="checkbox"/> 07 Mining
<input type="checkbox"/> 08 Real estate
<input 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 healthcare 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 box next to the letter that identifies the reason for the exemption.

- | | |
|--|--|
| <input type="checkbox"/> A Federal government (department)
<input type="checkbox"/> B Wisconsin state of local government unit (name) _____
<input type="checkbox"/> C Wisconsin tribal government (name) _____
<input type="checkbox"/> D Foreign diplomat # _____
<input type="checkbox"/> E Charitable organization # _____
<input type="checkbox"/> F Religious organization # _____
<input type="checkbox"/> G Resale # _____ | <input type="checkbox"/> H Agricultural production _____
<input checked="" 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) _____
<input type="checkbox"/> M Educational organization # _____ |
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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 Stanley Kanter	Title President	Date 03/06/20
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