

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 SKLAR BOV SOLUTIONS				
Business address 1233 E. NORVELL BRYANT HWY		City HERNANDO	State FL	Zip code 34442
Purchaser's tax ID number 81-5419235		State of issue NC	Country of issue USA	
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	
Name of seller from whom you are purchasing, leasing, or renting				
Seller's address		City	State	Zip code

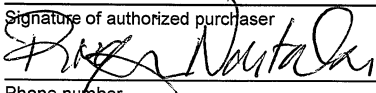
4 Type of business. Check the number that describes your business.

<input type="checkbox"/> 01 Accommodation and food services	<input type="checkbox"/> 11 Transportation and warehousing
<input type="checkbox"/> 02 Agricultural, forestry, fishing, and 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 checked="" 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 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. Check the letter that identifies the reason for the exemption.

<input type="checkbox"/> A Federal government (department) _____	<input type="checkbox"/> H Agricultural production # _____
<input type="checkbox"/> B State government (name) _____	<input checked="" type="checkbox"/> I Industrial production/manufacturing # _____
<input type="checkbox"/> C Tribal government (name) _____	<input type="checkbox"/> J Direct pay permit # _____
<input type="checkbox"/> D Foreign diplomat # _____	<input type="checkbox"/> K Direct mail # _____
<input type="checkbox"/> E _____	<input type="checkbox"/> L Other (explain) _____
<input checked="" type="checkbox"/> G Resale # 601098795	

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 ROQUIA NAITAKI	Title CONTROLLER	Date 09-23-20
Phone number (323) 266-7111	E-mail address rnaitaki@thestarcogroup.com		