

Sales and Use Tax Exemption Certificate

Caution to seller: In order for the certificate to be accepted in good faith by the seller, the seller must exercise care that the property being sold is exempt. When a purchaser is claiming an exemption for purchases of items that qualify for the full manufacturing exemption and other items that only qualify for the partial manufacturing exemption, the seller must make certain the correct amount of tax is charged for each item purchased.

	of tax is charged for each item purcha	sea.				
Purchaser	Name Labyrinth Industrial LLC	Telephone Nun	nber 7 1 4 4 0 0 1	_	I.D. Number 0 1 1 4 4 5 4	
	Contact Person	Doing Business	As Name (DBA)			
	Address 12208 Missouri Bottom Rd	City Hazelwood		State ZIP Code 63042		
	Describe product or services purchased exempt from tax Materials					
	Type of business SMART City Infrastructure					
Seller	Name	Telephone Number		Contact Person		
	Doing Business As Name (DBA)		Address	Address		
	City	State	ZIP Code			
Resale - Exclusion From Sales or Use Tax	Purchases of Tangible Personal Property for resale: Retailer's State Tax ID Number					
ing	These apply to state and local sales and use tax.					
Manufacturing Full Exemptions	Ingredient or Component Part Manufacturing Machinery, Equipment, and Parts Material Recovery Processing		Plant Expansion Research and Development of Agricultural Biotechnology Products and Plant Genomics Products and Prescription Pharmaceuticals			
	These only apply to state tax (4.225%) and local use tax, but not sales tax. The seller must collect and report local sales taxes imposed by political subdivisions.					
Manufacturing Partial Exemptions	Research and Development					
Other	Agricultural Common Carrier (Attach Form 5095) Commercial Motor Vehicles or Trailers Greater Pounds (Attach Form 5435)	Locomotive Fue	Air and Water Pollu Appliances and De		hinery, Equipment,	
Signature	Under penalties of perjury, I declare that the above		any attached supplement is tr	ue, complete, and		
	Signature (Purchaser or Purchaser's Agent)		Partner		Date (MM/DD/YYYY) 0 3 / 2 2 / 2 0 2 1 Form 149 (Revised 11-201	
II yo	u have questions, please contact the Departme	ent of Hevenue	at:			

Phone: (573) 751-2836
TTY: (800) 735-2966
Fax: (573) 522-1666

E-mail: <u>salestaxexemptions@dor.mo.gov</u>

Visit http://www.dor.mo.gov/business/sales/sales-use-exemptions.php for additional information.

