

ST-101

EFO00149  
11-22-2017

Idaho State Tax Commission

SALES TAX RESALE OR EXEMPTION CERTIFICATE

Seller's Name <u>Elk Creek Corporation</u>			Buyer's Name <u>Gavin Hank</u>		
Address <u>PO Box 401</u>			Address <u>PO Box 401</u>		
City <u>Idaho City</u>	State <u>10</u>	Zip Code <u>83631</u>	City <u>Idaho City</u>	State <u>Idaho</u>	Zip Code <u>83631</u>

**1. Buying for Resale.** I will sell, rent, or lease the goods I am buying in the regular course of my business.

a. Primary nature of business \_\_\_\_\_ Describe the products you sell, lease, or rent \_\_\_\_\_

b. Check the block that applies:

Idaho registered retailer. Seller's permit number \_\_\_\_\_ (required - see instructions)

Wholesale only; no retail sales

Out-of-state retailer; no Idaho business presence

Idaho registered prepaid wireless service seller. E911 fee permit number \_\_\_\_\_ (required - see instructions)

**2. Producer Exemptions** (see instructions). I will put the goods purchased to an exempt use in the business indicated below.

Logging Exemption     Broadcasting Exemption     Publishing Free Newspapers

Production Exemption (check all that apply):  Farming     Ranching     Manufacturing     Processing

Fabricating     Mining     Hunting or Fishing Operation

List the products you produce: Knives

**3. Exempt Buyer.** All purchases are exempt, and no permit number is required. Check the block that applies.

<input type="checkbox"/> Advocates for Survivors of Domestic Violence and Sexual Assault, Inc.	<input type="checkbox"/> Center for Independent Living	<input type="checkbox"/> Nonprofit Children's Free Dental Service Clinic	<input type="checkbox"/> Senior Citizen Center
<input type="checkbox"/> American Indian Tribe	<input type="checkbox"/> Emergency Medical Service Agency	<input type="checkbox"/> Nonprofit Hospital	<input type="checkbox"/> State/Federal Credit Union
<input type="checkbox"/> American Red Cross	<input type="checkbox"/> Federal/Idaho Government Entity	<input type="checkbox"/> Nonprofit Museum	<input type="checkbox"/> Volunteer Fire Department
<input type="checkbox"/> Amtrak	<input type="checkbox"/> Forest Protective Association	<input type="checkbox"/> Nonprofit School	
<input type="checkbox"/> Blind Services Foundation, Inc.	<input type="checkbox"/> Idaho Foodbank Warehouse, Inc.	<input type="checkbox"/> Qualifying Health Organization (see instructions for list)	
	<input type="checkbox"/> Nonprofit Canal Company		

**4. Contractor Exemptions** (see instructions).

a. Invoice, purchase order, or job number to which this claim applies \_\_\_\_\_

b. City and state where job is located \_\_\_\_\_

c. Project owner name \_\_\_\_\_

d. This exempt project is: (check appropriate box)

In a nontaxing state. (To qualify, materials must become part of the real property.)

An agricultural irrigation project.

For production equipment owned by a producer who qualifies for the production exemption.

**5. Other Exempt Goods and Buyers** (see instructions).

<input type="checkbox"/> Aircraft used to transport passengers or freight for hire	<input type="checkbox"/> Glider kits for IRP-registered vehicles
<input type="checkbox"/> Aircraft purchased by nonresident for out-of-state use	<input type="checkbox"/> Heating fuel
<input type="checkbox"/> Fixed-wing aircraft primarily used as an air tactical group supervisor platform	<input type="checkbox"/> Livestock sold at a public livestock market
<input type="checkbox"/> American Indian buyer holding Tribal ID No. _____	<input type="checkbox"/> Medical items that qualify
This form doesn't apply to vehicles or boats. See instructions.	<input type="checkbox"/> Pollution control items
<input type="checkbox"/> Church buying goods for food bank or to sell meals to members	<input type="checkbox"/> Research and development goods
<input type="checkbox"/> Food bank or soup kitchen buying food or food service goods	<input type="checkbox"/> Snowmaking/grooming equipment; or aerial tramway component
<input type="checkbox"/> Irrigation equipment and supplies used for agriculture	<input type="checkbox"/> Other goods or entity exempt by law under the following statute (required) _____

**Buyer: Read and sign.** I certify that all statements I have made on this form are true and correct to the best of my knowledge. I understand that falsification of this certificate for the purpose of evading payment of tax is a misdemeanor. Other penalties may also apply.

Buyer's Signature 	Buyer's Name (please print) <u>Gavin Hank</u>	Title <u>V.P.</u>
Buyer's Federal EIN or Driver's License No. and State of Issue <u>82-04-24593</u>		Date <u>7/20/18</u>

**Seller:** Each exemption a customer may claim on this form has special rules (see instructions). It's your responsibility to learn the rules. You must charge tax to any customers and on any goods that don't qualify for a claimed exemption and are taxable by law.

- This form is valid only if all information is complete.
- The seller must keep this form.
- The blank form may be reproduced.