## Form ST-101

	Form ST-101 Sales Tax Resale or E	xemption Certificate
Buyer's Name		Seller's Name
Address		Address

Address		Address					
City	State	ZIP Code	City	State	ZIP Code		
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 customers on goods that don't qualify for a claimed exemption and are taxable by law. Buyer: Complete the section that applies to you.							
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 box that applies: I Idaho registered retailer; seller's permit number							
2. Producer Exemptions (see instructions). I will put the goods purchased to an exempt use in the business indicated below.							
<ul> <li>Broadcasting</li> <li>Logging</li> <li>Publishing Free Newspaper</li> </ul>	S	Production Exe Fabricating Farming List the products y	Operation Mini	nufacturing	Processing		
3 Exampt Buyer All purchases			ou produce: per is required. Check the box the	at applies			
<ul> <li>Advocates for Survivors of Domestic Violence and Sexual Assault, Inc.</li> <li>American Indian Tribe</li> <li>American Red Cross</li> <li>Amtrak</li> </ul>	Blind Se	ervices Foundation, Inc. company ( <i>nonprofit only</i> ) for Independent Living i's Free Dental Service <i>onprofit only</i> ) Inion (state/federal)	<ul> <li>Der is required. Check the box that is required. Emergency Medical Service Agency (<i>nonprofit only</i>)</li> <li>Forest Protective Association</li> <li>Government Entity (U.S./Idaho)</li> <li>Hospital (<i>nonprofit only</i>)</li> <li>Idaho Foodbank Warehouse, Inc.</li> </ul>	Museum Qualify (see in: School	m ( <i>nonprofit only</i> ) ing Health Organization structions for list) ( <i>nonprofit only</i> ) Citizen Center eer Fire Department		
<ol> <li>Contractor Exemptions (see a. Invoice, purchase order, or</li> </ol>		,	pplies				
b. City and state where job is	located						
c. Project owner name	_						
<ul> <li>d. This exempt project is (check appropriate box)</li> <li>In a nontaxing state (To qualify, materials must become part of the real property)</li> <li>An agricultural irrigation project</li> <li>For production equipment owned by a producer who qualifies for the production exemption</li> </ul>							
5. Other Exempt Goods and Buyers (see instructions).							
<ul> <li>Aerial tramway component or s</li> <li>Aircraft (fixed-wing) primarily us supervisor platform</li> </ul>	sed as an ai	r tactical group	<ul> <li>Heating fuel</li> <li>Irrigation equipment and suppl</li> <li>Livestock sold at a public lives</li> </ul>		•		
<ul> <li>Aircraft primarily used to transp</li> <li>Aircraft purchased by nonreside</li> <li>American Indian buyer holding This form doesn't apply to vehic</li> </ul>	ent for out-o Tribal ID No cles or boats	f-state use os (see instructions)	<ul> <li>Medical items that qualify</li> <li>Pollution control items</li> <li>Research and development gc</li> <li>Other goods or entity exempt to (required)</li> </ul>		r the following statute		
Church buying goods for food b Food bank or soup kitchen buy							
By signing this form, I certify that the statements I made on this form are true and correct. I know that submitting false information can result in criminal and civil penalties.							

Buyer's Signature Alan Brannan	Buyer's Name (please print)	Title
Buyer's Federal EIN or Driver's License Number and State of Issue		Date