

STREAMLINED EXEMPTION CERTIFICATE

South Dakota Streamlined Sales Tax Agreement

Certificate of Exemption

Warning to purchaser:

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 is due tax on this sale. The state that is due tax on this sale will be notified that you claimed exemption from sales tax. You will be held liable for any tax and interest, as well as civil and criminal penalties imposed by the member state, if you are not eligible to claim this exemption. **Sellers may not accept a certificate of exemption for sales sourced within the state if the reason for exemption does not apply in that state.**

S D Enter the two-letter abbreviation for the state under whose laws you are claiming exemption.

Check one:

- Single purchase certificate. Relates to invoice/purchase order # _____.
- Blanket certificates. If checked, this certificate continues in force until cancelled by the purchaser.

Print or type	Name of purchaser <u>CITY OF ABERDEEN</u>			
	Business address	City	State	Zip code
	<u>123 S LINCOLN ST</u>	<u>ABERDEEN</u>	<u>SOUTH DAKOTA</u>	<u>57401-4215</u>
	Purchaser's tax ID number	State of Issue	County of Issue	
	<u>46-6000010</u>	<u>SD</u>	<u>BROWN</u>	
If no tax ID number, enter the following:		FEIN	Driver's license number/State issued ID number	Foreign diplomat number
			<i>state of issue</i> <i>number</i>	
Name of seller from whom you are purchasing, leasing or renting				
Seller's address				
		City	State	Zip code

Type of business. Circle the number that describes your business.

Type of business

- | | |
|---|--|
| 01 Accommodation and food services | 11 Transportation and warehousing |
| 02 Agriculture, forestry, fishing, hunting | 12 Utilities |
| 03 Construction | 13 Wholesale trade |
| 04 Finance and insurance | 14 Business services |
| 05 Information, publishing and communications | 15 Professional services |
| 06 Manufacturing | 16 Education and health-care services |
| 07 Mining | 17 Nonprofit organization |
| 08 Real estate | <input checked="" type="radio"/> 18 Government |
| 09 Rental and leasing | 19 Not a business |
| 10 Retail trade | 20 Other (explain) _____ |

Reason for exemption. Circle the letter that identifies the reason for the exemption.

Reason for exemption

- | | |
|--|---|
| A Federal government (department) _____ | H Agricultural production _____ |
| <input checked="" type="radio"/> B State or local government (name) <u>City Aberdeen</u> | _____ |
| C Tribal government (name) _____ | J Direct pay permit # _____ |
| D Foreign diplomat # _____ | K Multiple points of use (services, digital goods, or computer software delivered electronically) |
| E Charitable organization # _____ | L Direct mail # _____ |
| F Religious or educational organization # _____ | M Other (explain) _____ |
| G Resale # _____ | |

I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.

Sign here	Signature of authorized purchaser <u>Karl Alberts</u>	Print name here KARL ALBERTS	Title FINANCE OFFICER	Date 1/2/2015
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CITY OF ABERDEEN
 123 South Lincoln
 Aberdeen, South Dakota 57401-4215

AUDITOR
 (605) 626-7012
 FAX (605) 626-3527

TREASURER
 (605) 626-7026
 FAX (605) 626-3518

COMPUTER
 (605) 626-7044

FINANCE OFFICE – AUDITOR DIVISION

DATE _____

DEAR VENDOR,

To be in compliance with Federal IRS Regulations which require that we file a 1099-Misc, for each individual or partnership to whom we make payments of \$600 or more during a calendar year, and any corporations to which such payments are for interest or dividends, you **MUST** complete the following information for our records. Failure to provide this number could result in your being subject to a 31% backup withholding requirement.

Please understand that no 1099 will be issued if payment is less than \$600, but we are required to request your identification number and processing any payments **WILL** be delayed until the information is received.

Form W-9 (Rev. January 2011) Department of the Treasury Internal Revenue Service	<h2 style="margin:0;">Request for Taxpayer Identification Number and Certification</h2>	Give Form to the requester. Do not send to the IRS.
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Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) <div style="text-align: center; border: 1px solid black; padding: 2px;">CITY OF ABERDEEN</div>
	Business name/disregarded entity name, if different from above <hr/>
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input checked="" type="checkbox"/> Other (see instructions) ▶ MUNICIPAL GOVERNMENT
	Address (number, street, and apt. or suite no.) <div style="text-align: center; border: 1px solid black; padding: 2px;">123 S LINCOLN ST</div>
	City, state, and ZIP code <div style="text-align: center; border: 1px solid black; padding: 2px;">ABERDEEN, SD 57401-4215</div>

Part I Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3. Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center; font-size: small;">Social security number</td> </tr> <tr> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center; font-size: small;">Employer identification number</td> </tr> <tr> <td style="width:20px; height: 20px; text-align: center;">4</td> <td style="width:20px; height: 20px; text-align: center;">6</td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px; text-align: center;">-</td> <td style="width:20px; height: 20px; text-align: center;">6</td> <td style="width:20px; height: 20px; text-align: center;">0</td> <td style="width:20px; height: 20px; text-align: center;">0</td> <td style="width:20px; height: 20px; text-align: center;">0</td> <td style="width:20px; height: 20px; text-align: center;">0</td> <td style="width:20px; height: 20px; text-align: center;">1</td> <td style="width:20px; height: 20px; text-align: center;">0</td> </tr> </table>	Social security number																				Employer identification number										4	6		-	6	0	0	0	0	1	0
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Part II Certification Under penalties of perjury, I certify that: <ol style="list-style-type: none"> The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and I am a U.S. citizen or other U.S. person (defined below). Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.	
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Sign Here	Signature of U.S. person ▶ <i>Karl Alberts</i>	Date ▶ 1/2/15
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Thank you for your cooperation,
 Karl Alberts, Finance Officer



CITY OF ABERDEEN

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Aberdeen, South Dakota 57401-4215

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COMPUTER
(605) 626-7044

Date:

RE: Sales and Use/Federal Tax Exemption

To Whom It May Concern:

The City of Aberdeen is **exempt** from **income tax** as a political subdivision of the United States under Section 4292 of the Internal Revenue Service Code **and sales and use tax** under Section 10-45-10 of South Dakota Codified Law. The City's Federal Employer's Identification Number is 46-6000010 and the City's Sales Tax Exempt number is 1018-0811-RG. Please let this letter serve as certification of the City of Aberdeen's exemption from income, sales and use tax.

This applies to all departments of the City, including: Aberdeen Advanced Care, Aberdeen Regional Airport, Alexander Mitchell Library, Aberdeen Parks, Recreation, & Forestry, Aberdeen/Brown County Landmarks Commission, Human Resources, Engineering, Building Inspection, Finance, Fire, Planning, Police, Parking/Traffic Control, Rideline, Pipe/Pump, Solid Waste, Street, Water Treatment, Wastewater Treatment.

If you need anything further, or have any questions, please call (605) 626-7034 or address any correspondence to the above address. Thank you.

Sincerely,

Karl Alberts, CPA Inactive
Finance Officer

	Having made proper application therefore, and upon compliance with all applicable laws and regulations of the state of South Dakota, this license is hereby issued to the below named. This license remains the property of the state of South Dakota and while in possession of the person to whom issued, entitles the licensee to transact whatever business or activity is specified on this license, until this license expires or is cancelled.
ISSUE DATE: 04/30/2003	
EXPIRATION DATE:	
LICENSE NUMBER: 1018-0811-RG	
LICENSE TYPE: Government	
ISSUED TO: CITY OF ABERDEEN 123 S LINCOLN ST ABERDEEN, SD 57401	
NON-TRANSFERABLE	 Paul Kinsman Secretary of Revenue & Regulation