

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 the 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 Multi-state 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. _____
Name of purchaser

Business Address	City	State	Zip Code
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Purchaser's Tax ID Number	State of Issue	Country of Issue
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If no Tax ID Number Enter one of the following:	FEIN	Driver's License Number/State Issued ID Number	Foreign diplomat number
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State of Issue: _____		Number _____
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Name of seller from whom you are purchasing, leasing or renting _____

Seller's address	City	State	Zip code
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4. **Type of business.** Circle the number that describes your business

- | | |
|---|---------------------------------------|
| 01 Accommodation and food services | 11 Transportation and warehousing |
| 02 Agricultural, 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 | 18 Government |
| 09 Rental and leasing | 19 Not a business |
| 10 Retail trade | 20 Other (<i>explain</i>) _____ |

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

- | | |
|---|---|
| A Federal government (<i>department</i>) _____ | H Agricultural production # _____ |
| B State or local government (<i>name</i>) _____ | I Industrial production/manufacturing # _____ |
| C Tribal government (<i>name</i>) _____ | J Direct pay permit # _____ |
| D Foreign diplomat # _____ | K Direct mail # _____ |
| E Charitable organization # _____ | L Other (<i>explain</i>) _____ |
| F Religious or educational organization # _____ | |
| G Resale # _____ | |

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	Title	Date
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Account # _____

Please check the items that you do not want to be taxed when purchased from Covetrus North America.

Companion Animal

- | | |
|---|--|
| ☐ Pet Supplies (ex. toys, collars, leashes) | ☐ Non Prescription Dispensed Drugs |
| ☐ Prescription Diets | ☐ Prescription Dispensed Drugs |
| ☐ Non-Prescription Diets | ☐ Non Prescription Injectable Drugs |
| ☐ E-Collars | ☐ Prescription Injectable Drugs |
| ☐ Vitamins/Supplements/Nutraceuticals | ☐ Vaccines |
| ☐ Non Prescription Flea & Tick (ex. Frontline) | ☐ Prescription Flea & Tick (ex. Comfortis) |
| ☐ Insulin Syringes | ☐ Diabetic Supplies (ex. meters, test strips, etc...) |

Large Animal

- ☐ Non Prescription Dispensed Drugs
- ☐ Prescription Dispensed Drugs
- ☐ Non Prescription Injectable Drugs
- ☐ Prescription Injectable Drugs
- ☐ Vaccines

Equine

- ☐ Non Prescription Dispensed Drugs
- ☐ Prescription Dispensed Drugs
- ☐ Non Prescription Injectable Drugs
- ☐ Prescription Injectable Drugs
- ☐ Vaccines

General

- | | |
|---|--|
| ☐ Syringes & Needles | ☐ Administration Devices (ex. IV sets, catheters) |
| ☐ Dispensing Supplies (ex. bottle, caps, labels) | ☐ Medical Supplies (ex. gauze, tape, bandages) |
| ☐ Clinic Supplies (ex. cleaners, gloves, scrubs) | ☐ Diagnostic Kits |
| ☐ Tools | ☐ Equipment |

I understand that items that I use or administer in my practice are considered consumed by me and tax is due at the time of purchase. I certify that I may resell in their same form any/all items that I have indicated above or cannot, at the time of purchase, identify if I will use, use in an exempt manner, or resell the products I purchase. Accordingly, please do not tax me on any items indicated. If any additional tax is due, I will pay the tax directly to the jurisdiction or contact Covetrus North America to bill me the additional tax.

Signature _____

Date _____