

Do not send this form to the Streamlined Sales Tax Governing Board.
Send the completed form to the seller and keep a copy for your records.

This is a multi-state form for use in the states listed. Not all states allow all exemptions listed on this form. The purchaser is responsible for ensuring it is eligible for the exemption in the state it is claiming the tax exemption from. Check with the state for exemption information and requirements. The purchaser is liable for any tax and interest, and possible civil and criminal penalties imposed by the state, if the purchaser is not eligible to claim this exemption.

1. Check if this certificate is for a single purchase. Enter the related invoice/purchase order # _____

2. A. Purchaser's name

STATE OF WEST VIRGINIA, WEST VIRGINIA UNIVERSITY

Print or type

B. Business address

ONE WATERFRONT PLACE, PO BOX 6005

City

State

Country

Zip code

WV

26506

C. Name of seller from whom you are purchasing, leasing or renting

D. Seller's address

City

State

Country

Zip code

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3. Purchaser's type of business. Check the number that best describes your business.

01 Accommodation and food services
 02 Agriculture, forestry, fishing, hunting
 03 Construction
 04 Finance and insurance
 05 Information, publishing and communications
 06 Manufacturing
 07 Mining

08 Real estate
 09 Rental and leasing
 10 Retail trade
 11 Transportation and warehousing
 12 Utilities
 13 Wholesale trade
 14 Business services

15 Professional services
 16 Education and health-care services
 17 Nonprofit organization
 18 Government
 19 Not a business
 20 Other (explain) _____

4. Reason for exemption. Check the letter that identifies the reason for the exemption.

A Federal government (Department) _____
 B State or local government (Name) WEST VIRGINIA
 C Tribal government (Name) _____
 D Foreign diplomat # _____
 E Charitable organization _____
 F Religious organization _____
 G Resale _____
 * see Instructions on back (page 2)

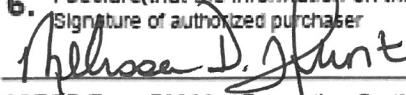
H Agricultural Production *
 I Industrial production/manufacturing *
 J Direct pay permit *
 K Direct Mail *
 L Other (Explain) _____
 M Educational Organization *

5. Identification (ID) number: Enter the ID number as required in the instructions for each state in which you are claiming an exemption. If claiming multiple exemption reasons, enter the letters identifying each reason as listed in Section 4 for each state.

ID number	State/Country	Reason	ID number	State/Country	Reason
AR			NV		
GA			OH		
IA			OK		
IN			RI		
KS			SD		
KY	0A17625	ky	B, M	TN	
MI			UT		
MN			VT		
NC			WA		
ND			WI		
NE			WV	2211-0375	WV
NJ			WY		B

6. 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

Melissa D. Hunt

Title

Director Tax Services

Date

1/2/20