



Sales and Use Tax Exemption Certificate Instructions

WYOMING

1. Indicate whether this is a single purchase in Part 2
2. Provide the seller's information as requested in Part 3
3. Enter today's date in the space provided on the signature line

Streamlined Sales Tax Agreement Certificate of Exemption

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

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 possible 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 Multistate Supplemental form.
 If not, enter the two-letter abbreviation for the state under whose laws you are claiming exemption.
2. Check if this certificate is for a **Single Purchase Certificate**. Enter the related invoice/purchase order # _____

3. **Print or type**

A. Name of purchaser
University of Notre Dame du Lac

B. Business address
City: Notre Dame State: IN Zip code: 46556

C. Purchaser's tax ID number: 309389 State of Issue: WY Country of Issue: United States

D. If no tax ID number, enter one of the following: FEIN _____

E. Driver's License Number/State Issued ID number _____ State of Issue _____

F. Foreign diplomat number _____

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

H. Seller's address
City _____ State _____ Zip code _____

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

5. **Circle or check reason for exemption**
- Reason for exemption.** Circle the letter that identifies the reason for the exemption.
- | | |
|---|--|
| A <input type="checkbox"/> Federal government (Department) _____ | H <input type="checkbox"/> Agricultural Production # _____ |
| B <input type="checkbox"/> State or local government (Name) _____ | I <input type="checkbox"/> Industrial production/manufacturing # _____ |
| C <input type="checkbox"/> Tribal government (Name) _____ | J <input type="checkbox"/> Direct pay permit # _____ |
| D <input type="checkbox"/> Foreign diplomat # _____ | K <input type="checkbox"/> Direct Mail # _____ |
| E <input type="checkbox"/> Charitable organization # _____ | L <input type="checkbox"/> Other (Explain) _____ |
| F <input type="checkbox"/> Religious organization # _____ | M <input checked="" type="checkbox"/> Educational Organization # _____ |
| G <input type="checkbox"/> 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: Becky L. Laskowski, CPA Print name here: Becky L. Laskowski, CPA Title: Assistant Tax Director Date: _____

Name of Purchaser
 University of Notre Dame du Lac

State	Reason for exemption	Identification number (if required)
AR	_____	_____
GA	_____	_____
IA	_____	_____
IN	Educational non-profit organization	0001809245
KS	_____	_____
KY	_____	_____
MI	_____	_____
MN	_____	_____
NC	_____	_____
ND	_____	_____
NE	_____	_____
NJ	_____	_____
NV	_____	_____
OH	_____	_____
RI	_____	_____
OK	_____	_____
SD	_____	_____
TN	_____	_____
UT	_____	_____
VT	_____	_____
WA	_____	_____
WI	_____	_____
WV	_____	_____
WY	Educational non-profit organization	309389

SSUTA Direct Mail provisions are not in effect for Tennessee.

The following nonmember states will accept this certificate for exemption claims that are valid in their respective state. SSUTA Direct Mail provisions do not apply in these states.

State	Reason for exemption	Identification number (if required)
XX	_____	_____
XX	_____	_____
XX	_____	_____
XX	_____	_____
XX	_____	_____