NCDOR
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E-595E
Streamlined Sales and Use Tax
Certificate of Exemption

Do not send this form to the Streamlined Sales Tax Governing Board or the NC Department of Revenue. 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

NORTH CAROLINA STATE UNIVERSITY

B. Business address	City	State	Country	Zip code
CAMPUS BOX 7205	RALEIGH	NC	USA	27695

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

D. Seller's address	City	State	Country	Zip code

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

☐ 01 Accommodation and food services
☐ 02 Agricultural, forestry, fishing, and 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)* _____
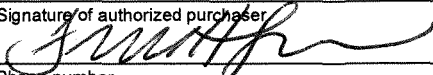
4 **Reason for exemption.** Check the letter that identifies the reason for the exemption.

☐ A Federal government *(department)* _____
☑ B State ▓ government *(name)* NC
☐ C Tribal government *(name)* _____
☐ D Foreign diplomat # _____

☐ H Agricultural production # _____
☐ I Industrial production/manufacturing # _____
☐ J Direct pay permit # _____
☐ K Direct mail # _____
☐ L Other *(explain)* _____

☐ G Resale # _____

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			TN			
MI			UT			
MN			VT			
NC 400021/009213464/56-6000756	NC/US	B	WA			
ND			WI			
NE			WV			
NJ			WY			

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

Signature of authorized purchaser _(signed)_

Print name here FRANCES LAWRENCE

Title University Controller

Date 1-8-2024

Phone number (919) 515-6897

E-mail address fhlawren@ncsu.edu