

Buyer's Name Cassia County			Seller's Name		
Address 1459 Overland Ave, Room 106			Address		
City Burley	State ID	ZIP Code 83318	City	State	ZIP Code

Seller: Each exemption a customer may claim on this form has special rules (see instructions). It's your responsibility to learn the rules. You must charge tax to customers on goods that don't qualify for a claimed exemption and are taxable by law.

Buyer: Complete the section that applies to you.

1. Buying for Resale. I will sell, rent, or lease the goods I am buying in the regular course of my business.

a. Primary nature of business _____ Describe the products you sell, lease, or rent _____

b. Check the box that applies: Idaho registered retailer; seller's permit number _____
(required - see instructions)

Wholesale only; no retail sales Out-of-state retailer; no Idaho business presence

Idaho registered prepaid wireless service seller; E911 fee permit number _____
(required - see instructions)

2. Producer Exemptions (see instructions). I will put the goods purchased to an exempt use in the business indicated below.

Broadcasting

Production Exemption (check all that apply):

Logging

Fabricating

Hunting or Fishing

Manufacturing

Processing

Publishing Free Newspapers

Farming

Operation

Mining

Ranching

List the products you produce: _____

3. Exempt Buyer. All purchases are exempt, and no permit number is required. Check the box that applies.

Advocates for Survivors of Domestic Violence and Sexual Assault, Inc.

Blind Services Foundation, Inc.

Emergency Medical Service Agency (*nonprofit only*)

Museum (*nonprofit only*)

Canal Company (*nonprofit only*)

Forest Protective Association

Qualifying Health Organization (see instructions for list)

American Indian Tribe

Centers for Independent Living

Government Entity (U.S./Idaho)

School (*nonprofit only*)

American Red Cross

Children's Free Dental Service Clinic (*nonprofit only*)

Hospital (*nonprofit only*)

Senior Citizen Center

Amtrak

Credit Union (state/federal)

Idaho Foodbank Warehouse, Inc.

Volunteer Fire Department

4. Contractor Exemptions (see instructions).

a. Invoice, purchase order, or job number to which this claim applies _____

b. City and state where job is located _____

c. Project owner name _____

d. This exempt project is (check appropriate box)

In a nontaxing state (To qualify, materials must become part of the real property)

An agricultural irrigation project

For production equipment owned by a producer who qualifies for the production exemption

5. Other Exempt Goods and Buyers (see instructions).

Aerial tramway component or snowmaking/grooming equipment

Heating fuel

Aircraft (fixed-wing) primarily used as an air tactical group supervisor platform

Irrigation equipment and supplies used for agriculture

Aircraft primarily used to transport passengers or freight for hire

Livestock sold at a public livestock market

Aircraft purchased by nonresident for out-of-state use

Medical items that qualify

American Indian buyer holding Tribal ID No. _____
This form doesn't apply to vehicles or boats (see instructions)

Pollution control items


Research and development goods

Church buying goods for food bank or to sell meals to members

Other goods or entity exempt by law under the following statute (required) _____

Food bank or soup kitchen buying food or food service goods

By signing this form, I certify that the statements I made on this form are true and correct. I know that submitting false information can result in criminal and civil penalties.

Buyer's Signature 	Buyer's Name (please print) Joseph W. Larsen	Title Cassia County Auditor
Buyer's Federal EIN or Driver's License Number and State of Issue 82-6000292		Date October 1, 2019