



South Dakota Department of Revenue

Form: 2040

445 E Capitol Ave

Pierre, SD 57501

Streamlined Sales and Use Tax Agreement

Certificate of Exemption

[] Check if you are attaching the Multi-State Supplemental Form

If not, please enter the two-letter postal abbreviation for the state under whose laws you are claiming exemption: SD

[] Check if this certificate is for a single purchase. Enter the related invoice/purchase order number: _____

Name of Purchaser: City of Spearfish

Business Address: 625 N 5th St. City: Spearfish State: SD Zip: 57783

Purchaser's Tax ID No.: 1018-1395-RG State of Issue: SD Country of Issue: USA

If No Tax ID No., enter one of the following: FEIN: _____ Foreign Diplomat Number: _____

Driver's License Number/State Issued ID Number: _____ State of Issue: _____

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

Seller's Address: _____ City: _____ State: _____ Zip: _____

Check the box that best describes your business.

[] Accommodation and food services

[] Agricultural, foresting, fishing, hunting

[] Construction

[] Finance and insurance

[] Information, publishing, and communications

[] Manufacturing

[] Mining

[] Real estate

[] Rental and leasing

[] Retail trade

[] Transportation and warehousing

[] Utilities

[] Wholesale trade

[] Business services

[] Professional services

[] Education and health-care services

[] Nonprofit organization

[x] Government

[] Not a business

[] Other (explain): _____

Reason for Exemption (Check the box that best identifies)

[] Federal government (department): _____

[x] State or local government (name): City of Spearfish

[] Tribal government (name): _____

[] Foreign diplomat (#): _____

[] Charitable organization (#): _____

Religious organization (does not apply in SD)

[] Resale (#): _____

[] Agricultural production (#): _____

Industrial production/manufacturing (does not apply in SD)

[] Direct pay permit (#): _____

[] Direct mail (#): _____

[] Other (explain): _____

[] Educational organization (#): _____

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

Signature: Michelle DeNeui Name: Michelle DeNeui Title: Finance Officer Date: 06/14/2021