

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

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 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 possibly 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.					
_	NC If not, enter the two-letter postal abbrev					
2	Check if this certificate is for a single p	urchase and e	nter the	related invoice/pur	chase order #	
3	Please print					
	Name of purchaser					
	NC DEPARTMENT OF LABOR		City		State	Zip code
	Business address		City	et Cui	NC 🔻	27699
	1101 M.S.C. Purchaser's tax ID number		State of	EIGH	Country of is	
			NC	■	USA	suc
		Driver's license nu state of issue		e issued ID number	Foreign diplo	mat number
	Name of seller from whom you are purchasing, leasing, or rer	nting	-			
	Name of Seller from whom you are purchasing, leasing, or ronting					
	Seller's address		City		State	Zip code
4 5	Type of business. Check the number that description of the commodation and food services O2 Agricultural, forestry, fishing, and hunting O3 Construction O4 Finance and insurance O5 Information, publishing, and communicate O6 Manufacturing O7 Mining O8 Real estate O9 Rental and leasing O9 Retail trade Reason for exemption. Check the letter that identifications.	g tions	11 12 13 14 15 16 17 18 19 20 asson for		s ices alth-care services ation	;
	A Federal government (department)		□ H	Agricultural produ	ction #	
	☑ B State government (name) NC S	STATE		•	ion/manufacturing#_	
	C Tribal government (name)		□ J	and the second s	#	
	D Foreign diplomat #		□к	ARCHI DAVOR - PORC-MOADRONICO OR		
			L	Other (explain)		CONTRACTOR AND THE STATE OF STREET OF STREET
	C. Danda #					
	G Resale#		-			
6	Sign here. I declare that the information on this certificate is correct and complete to the best of my knowledge and belie					
_	Signature of authorized purchaser	Print name here)		Title	Date
	JENNIFER STACKPOLE CFO 02-					02-14-22
	Phone number E-mail address					
	(919) 707-7741 JENNIFER.STACKPOLE@LABOR.NC.GOV					