

Streamlined Sales Tax Certificate of Exemption

Do not send this form to the Streamlined Sales Tax Governing Board.
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

UNION PUBLIC SCHOOLS INDEPENDENT SCHOOL DISTRICT #009

B. Business address

8506 E 61ST STREET

City

TULSA

State

OK

Country

US

Zip code

74133

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 best describes your business.

- | | | |
|--|--|---|
| ☐ 01 Accommodation and food services | ☐ 08 Real estate | ☐ 15 Professional services |
| ☐ 02 Agriculture, forestry, fishing, hunting | ☐ 09 Rental and leasing | ☒ 16 Education and health-care services |
| ☐ 03 Construction | ☐ 10 Retail trade | ☐ 17 Nonprofit organization |
| ☐ 04 Finance and insurance | ☐ 11 Transportation and warehousing | ☐ 18 Government |
| ☐ 05 Information, publishing and communications | ☐ 12 Utilities | ☐ 19 Not a business |
| ☐ 06 Manufacturing | ☐ 13 Wholesale trade | ☐ 20 Other (explain) |
| ☐ 07 Mining | ☐ 14 Business services | |

4. Reason for exemption. Check the letter that identifies the reason for the exemption.

- | | |
|---|--|
| ☐ A Federal government (Department) * | ☐ H Agricultural Production * |
| ☐ B State or local government (Name) * | ☐ I Industrial production/manufacturing |
| ☐ C Tribal government (Name) * | ☐ * J Direct pay permit * |
| ☐ D Foreign diplomat # | ☐ K Direct Mail * |
| ☐ E Charitable organization * | ☐ L Other (Explain) _____ |
| ☐ F Religious organization * | ☒ M Educational Organization *#OK 1009 |
| ☐ G Resale * | |

* see Instructions on back (page 2)

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	73-0998080	M
IN			RI		
KS			SD		
KY			TN		
MI			UT		
MN			VT		
NC			WA		
ND			WI		
NE			WV		
NJ			WY		

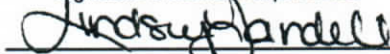
6. I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.

Signature of authorized purchaser

Print name

Title

Date



LINDSEY YANDELL

DIR OF ACCOUNTING

06/17/2024