

# **Exemption Certificate Packet**

#### **INSTRUCTIONS**

Enclosed in this packet are various forms and certificates ("certificates") that may be used to claim exemption from FluentStream's collection of applicable taxes and fees upon the purchase of tangible personal property and/or services from FluentStream. The appropriate certificate(s) must be completed in full in order to be considered valid. Please take note of the following items to ensure that your certificate(s) are not deemed invalid:

- The customer name that is on the certificate must match the customer name that is on file for the applicable account with FluentStream.
- All account numbers that will be covered by the certificate(s) must be noted in the account field. Noting "ALL" or leaving that section blank will not exempt any accounts, and the certificate(s) will be considered invalid.
- By completing any certificates herein, Customer acknowledges that FluentStream may provide copies of them to applicable governmental authorities, FluentStream's legal counsel, FluentStream's auditors, and/or pursuant to subpoena or other compulsory process, without notifying or seeking permission from Customer.
- Ensure signatory meets the requirements of the certificate (i.e. Authorized Person vs. Officer) and that the certificate(s) is dated. Any certificates without the appropriate signatory and/or date will be considered invalid.
- Please review the following checklist to assist with completing all appropriate certificates for your business.
- Please note the following headings on the checklist:
  - 1. Multi-jurisdictional certificates only cover the taxes/fees for the states listed on the individual certificates.
  - 2. State Specific certificates are for jurisdictions and/or taxes/fees that are not covered by the multi-jurisdictional certificates. For example, although CO, HI, IL and NM accept the multi-jurisdictional certificate as a valid resale certificate for tangible personal property, it is not valid as an exemption certificate for taxable services. You must fill out the appropriate certificate listed for each state if claiming resale exemption on taxable services.
- Feel free to print and complete only the certificates in this packet that are required based on the jurisdictions applicable to your business. You are not required to return any certificates not applicable to your business based on jurisdiction.
- Federal Universal Service Fund (FUSF) exemption requires a 499 Filer ID (six-digit number, typically starting with 8) and a FEIN number. As a reminder, you must ensure that your Filer ID is listed in the FCC database prior to completing any FUSF exemption certificate(s).
- The completed packet exempts Customer from collection of applicable taxes, fees, and surcharges by FluentStream upon FluentStream's receipt and acceptance of the packet through Q4 2021, unless otherwise stated (ex. 2020 Florida certificate DR-13 expires on 12/31/20). If a packet or any certificate within the packet was submitted by your organization prior to the release of the attached version, please complete a new packet or certificate before the communicated due date or your account will revert to taxable status.

For questions, please contact billing@FluentStream.com.



# **Tax Exemption Packet Outline**

#### **Federal Forms**

|         | 2021-FUSF-FS: Covers Federal Universal Service Fund surcharge                                |
|---------|----------------------------------------------------------------------------------------------|
|         | FET-FS: Covers Federal Excise Tax                                                            |
| Multi-J | Jurisdiction Forms                                                                           |
|         | E911-FS: Covers 911/E911 taxes, fees, and surcharges                                         |
|         | REG-FS: Covers state regulatory fees such as state PUC fees, TRS and DEAF surcharges         |
|         | MULTI-FS: Covers most states' sales and telecommunication taxes                              |
|         | GR-FS: Covers certain state and local gross receipts tax surcharges                          |
|         | <u>USF-FS</u> : Covers State Universal Service Fund surcharges                               |
| State   | Forms                                                                                        |
|         | CO-DR0563: Required for resale; covers Colorado sales tax                                    |
|         | CO-Home-Rule-City-FS: Required for resale; covers Colorado Home Rule City sales tax          |
|         | FL DR-13*: Covers Florida sales taxes                                                        |
|         | FL DR-700015*: Covers Florida telecommunications taxes                                       |
|         | HI-G17: Required for resale; covers Hawaii sales and telecommunications taxes                |
|         | <u>IL-CRT-61</u> : Required for resale; covers Illinois sales and telecommunications taxes   |
|         | <u>IN-ST-109</u> *: Covers Indiana sales taxes                                               |
|         | IN-ST-200: Utility Sales Tax Exemption Application for Indiana State issued form             |
|         | KY-51A105: Required for resale; covers Kentucky sales taxes                                  |
|         | LA-R-1332: Required for resale; covers sales and telecommunications taxes                    |
|         | MA-ST-4: Required for resale: covers Massachusetts sales taxes                               |
|         | MS Sales Tax Permit*: Covers Mississippi sales and telecommunications sales tax              |
|         | MT-TEC: Covers Montana telecommunications taxes                                              |
|         | NH CST Cert of Resale*: Required for resale; covers New Hampshire telecommunications taxes   |
|         | NH-DP-143: Communications Services Tax application for New Hampshire state issued form       |
|         | NM Nontaxable Transaction Certificate*: Covers New Mexico sales and telecommunications taxes |
|         | NM-ACD-31050: Nontaxable Transaction Certificate application New Mexico state issued form    |
|         | NY-CT-120: Covers New York Sec. 186-e gross receipts tax surcharges                          |
|         | NY-ST-120: Required for resale; covers New York sales and telecommunications taxes           |
|         | PAGR-FS: Covers PA gross receipts tax surcharge                                              |
|         | VA-CT-10: Covers Virginia sales and telecommunications taxes                                 |
|         | WA Reseller Permit*: Required for resale; covers Washington sales taxes                      |
| П       | WV Resale F0003*: Required for resale: covers sales and telecommunications taxes             |

# Certification of Federal Universal Service Fund Exemption Calendar Year: 2021

| Customer Legal Name:   |              |      |       |          |
|------------------------|--------------|------|-------|----------|
| 499 Filer ID Number    |              |      |       |          |
| Ac                     | ldress       | City | State | Zip Code |
| Customer Address:      |              |      |       |          |
|                        |              |      |       |          |
| Customer Contact Pers  | on:          |      |       |          |
| Contact Person's Telep | hone Number: |      |       |          |

Customer (the "Customer") requests an exemption from payment of any charges assessed by FluentStream ("FluentStream") due to contribution to the Federal Universal Service Fund ("FUSF") established by the Federal Communications Commission ("FCC"). The Customer represents and certifies as follows for the purposes of this certification (this "Certification"):

- 1. The Customer is: (select all that apply)
  - a. a telecommunications carrier that provides interstate telecommunications service to the public for a fee;
  - b. a private service provider that offers interstate telecommunications to others for a fee on a non-common carrier basis;
  - c. a provider that offers interconnected VoIP service.
- 2. The Customer is acquiring services from FluentStream for resale to third party customers; i.e., not for its own internal use.
- 3. The Customer incorporates the services purchased from FluentStream into the Customer's own interstate telecommunications or interconnected VoIP service offering(s).
- 4. The Customer contributes directly to the FUSF support mechanisms on its sales of (select all that apply):
  - a. interstate telecommunications services to end users;
  - b. interconnected VoIP services to end users.
- 5. The Customer has filed a Telecommunications Reporting Worksheet (FCC Form 499) with the Universal Service Administrator and will continue to file such Worksheets or other documentation as required by the FCC.
- 6. The Customer acknowledges that FluentStream may provide a copy of this Certification to the Universal Service Administrator, the FCC, state regulatory authorities, legal counsel, or an auditor.

- 7. The Customer acknowledges that FluentStream's determination of exemption will be based upon the information provided by the Customer in this Certification. In the event FluentStream exempts the Customer from the payment of FUSF related charges (in whole or in part) based upon the information, representations and certifications contained in this Certification, and FluentStream thereafter determines that the exemption was granted based upon the Customer's false, inaccurate, or erroneous information, then FluentStream may bill the Customer, and the Customer will pay, for the FUSF related charges that were not billed as the result of the exemption, plus applicable late fees. Accordingly, if the Customer does not provide accurate or timely information to FluentStream, the Customer may be responsible for payment to both FluentStream and the Universal Service Administrator for contribution to Universal Service support mechanisms. Furthermore, the Customer agrees to indemnify and hold harmless FluentStream from any and all claims arising from any breaches of the information, representations or certifications made hereunder.
- 8. If, at any time, the Customer's information, representations or certifications made hereunder are no longer accurate, the Customer will notify FluentStream within thirty (30) calendar days by completing and submitting a new Certification form or written request to cancel this Certification. Otherwise, this Certification will remain in effect during 2021 in its entirety. Customer understands and agrees that in the event Customer's representations or certifications made hereunder are no longer accurate and a new Certification form or cancellation of this Certification occurs within the calendar year of 2021, such changes will apply prospectively only and FluentStream shall have no obligation to either retroactively charge or credit any FUSF fees that may be affected by such changes to this certification.
- 9. The individual named below is a representative of the Customer and is duly authorized by the Customer to make the representations and certifications contained herein on behalf of the Customer.

I certify under penalty of perjury that the Customer is purchasing service(s) for resale, and that the Customer is incorporating the purchased services into its own offerings which are, at least in part, U.S. telecommunications or interconnected Voice over Internet Protocol services. I also certify under penalty of perjury that Customer either directly contributes or has a reasonable expectation that another entity in the downstream chain of resellers directly contributes to the FUSF support mechanisms on the assessable portion of revenues from service offerings that incorporate the purchased services.

BY EXECUTING THIS CERTIFICATION, CUSTOMER CERTIFIES THAT **ANY AND ALL SERVICES** PROVIDED BY FLUENTSTREAM THAT ARE INCLUDED FOR BILLING PURPOSES IN THE ACCOUNT NUMBERS IDENTIFIED BELOW FULLY MEET THE EXEMPTION ELIGIBLE PROVISIOINS ESTABLISHED BY THE FCC. CUSTOMER FURTHER CERTIFIES THAT IN THE EVENT ANY PORTION OF THE SERVICES PROVIDED BY FLUENTSTREAM WHICH ARE INCLUDED FOR BILLING PURPOSES IN THE ACCOUNT NUMBERS IDENTIFIED BELOW DO NOT FULLY MEET THE EXEMPTION ELIGIBLE PROVISIONS ESTABLISHED BY THE FCC THAT CUSTOMER MUST NOTIFY FLUENTSTREAM THAT SUCH SERVICES SHOULD BE ASSESSED BY FLUENTSTREAM SEPARATELY FROM OTHER SERVICES SUBJECT TO THIS CERTIFICATION.

| Authorized by: |                                                                           |      |
|----------------|---------------------------------------------------------------------------|------|
|                | Name (Print):                                                             | <br> |
|                | Title (Print):                                                            | <br> |
|                | Date:                                                                     | <br> |
|                | nt Number and Provisioning Accour<br>ALL" not sufficient; account numbers |      |
| Billing Accour | nt Number:                                                                |      |
| Provisioning A | Account Number(s):                                                        |      |
|                |                                                                           |      |
|                |                                                                           |      |
|                |                                                                           |      |
|                |                                                                           |      |
|                |                                                                           |      |
|                |                                                                           |      |
| 0: 1           |                                                                           |      |
| Signature:     |                                                                           |      |
| Email:         |                                                                           |      |

| FluentStream Office Use Only |  |
|------------------------------|--|
| 499 Filer ID                 |  |
| Customer Signature           |  |
| Customer Accounts Listed     |  |
| FCC Database Confirmed       |  |

DR 0563 (08/30/13)

COLORADO DEPARTMENT OF REVENUE
Denver CO 80261-0013



# Sales Tax Exemption Certificate Multi - Jurisdiction

See page 2 for instructions Last Name or Business Name First Name Middle Initial Address City State ZIP I Certify That Name of Firm (Buyer) Address City State ZIP Qualifies As (Check each applicable item) Wholesaler □ Retailer ☐ Manufacturer ☐ Charitable or Religious ☐ Political Subdivision or Governmental Agency ☐ Other (Specify) If Other, specify here 1) and is registered with the below listed states and cities within which your firm would deliver purchases to us which are for resale or lease by us in the normal course of our business which is or 2) that such purchases are exempt from payment of sales or use tax in such states and cities because our buyer is: ☐ Charitable or Religious ☐ Otherwise Exempt By Statute (Specify) ☐ Political Subdivision or Governmental Agency If Otherwise Exempt By Statue, specify here City or State State Registration or ID Number If the list of states and cities is more than six(6), attach a list to this certificate. I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Sale or Use Tax we will pay the tax due direct to proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be called until canceled by us in writing or revoked by the city or state. General Description of products to be purchased from seller Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter. Authorized Signature (owner, Partner or Corporate Officer) Date (MM/DD/YY)

## To Our Customers:

In order to comply with the majority of state and local sales tax law requirements, it is necessary that we have in our files a properly executed exemption certificate from all of our customers who claim sales tax exemption. If we do not have this certificate, we are obligated to collect the tax for the state in which the property is delivered. If you are entitled to sales tax exemption, please complete the certificate and send it to us at your earliest convenience. If you purchase tax free for a reason for which this form does not provide, please send us your special certificate or statement.

\*Lessor: A form DR0440, "Permit to Collect Sales Tax on the Rental or Lease Basis" must be completed and submitted to the Department of Revenue for approval.

Caution To Seller: In order for the certificate to be accepted in good faith by the seller, the seller must exercise care that the property being sold is of a type normally sold wholesale, resold, leased, rented, or utilized as an ingredient or component part of a product manufactured by the buyer in the usual course of his business. A seller failing to exercise due care could be held liable for the sales tax due in some states or cities.

Misuse of this certificate by the seller, lessor, buyer, lessee, or the representative thereof may be punished by fine, imprisonment or loss of right to issue certificates in some states or cities.

#### **FluentStream**

Self-Collected Colorado Home Rule Cities and/or Occupation Tax Exemption Certificate The undersigned certifies that the telecommunications services and/or tangible personal property purchased from \_\_ are exempt from city sales taxes for the following reasons indicated below. Check applicable exemptions: Telecommunications services to be resold in the ordinary course of business Tangible personal property to be resold in the ordinary course of business Other(Cite specific statutory authority for the exemption of the tangible personal property and/or services: Nature of Business: \_\_ Describe the services and/or tangible personal property purchased and its use: To qualify for exemption from Colorado Home Rule city sales tax, list all city license/registration numbers where you are registered: **Colorado State Registration Number:** Citv License/Reg. # City License/Reg. # City License/Reg. # Alamosa Edgewater Montrose Arvada Englewood Mt. Crested Butte Aspen Evans Mountain Village Federal Heights Northalenn Aurora Parker Avon Fort Collins Pueblo Boulder Frisco Blackhawk Glendale Ridgeway Breckenridge Glenwood Springs Rifle Sheridan Brighton Golden Broomfield **Grand Junction** Silverthorne Canon City Snowmass Village Greeley Carbondale Greenwood Village Steamboat Springs Castle Rock Gunnison Sterling Centennial Telluride Gypsum Central City Lafayette Thornton Cherry Hills Village La Junta Timnath Colorado Springs Lakewood Vail Westminster Commerce City Lamar Cortez Larkspur Wheat Ridge **Crested Butte** Littleton Windsor Lone Tree Winter Park Dacono Delta Longmont Woodland Park Louisville Denver

Loveland Durango I declare under the penalties of the laws of the appropriate jurisdiction that this certificate has been examined by me and to the best of my knowledge and belief is a true, correct and accurate certificate. Date\_ Purchaser\_\_\_\_ Address\_\_\_ (Authorized Signature) City/State/Zip\_\_\_\_\_



# Certification of Reseller Exemption from Collection and Remittance of 911/E911 Surcharges by FluentStream

| Customer Legal Name:            |
|---------------------------------|
| Customer Address:               |
| Customer Contact Person:        |
| Contact Person's Phone Number:  |
| Contact Person's Email Address: |

Customer hereby represents and warrants that it is a reseller of FluentStream's services and will be responsible for the collection and remittance of all applicable 911 and E911 state and local regulatory taxes, fees and surcharges (collectively "911 Surcharges") associated with its resale of FluentStream's services. Customer therefore requests that FluentStream refrain from collecting and remitting 911 Surcharges from Customer based on Customer's submission of this Certification. Customer shall be responsible to provide any additional proof that may be deemed necessary to support or demonstrate Customer's representations herein upon request. Customer certifies its ability to collect and remit all applicable 911 Surcharges on the following basis:

1. For all applicable states in the table below, Customer must provide the Customer's 911 Surcharge authorization, license, or registration number for each state in the space provided, and/or attach other documentation that is Customer's basis for asserting exemption from FluentStream's collection of 911 Surcharges from Customer.

| State                   | Exemption # | State             | Exemption # | State             | Exemption # |
|-------------------------|-------------|-------------------|-------------|-------------------|-------------|
| Alabama/AL              |             | Kentucky/KY       |             | North Dakota/ND   |             |
| Alaska/AK               |             | Louisiana/LA      |             | Ohio/OH           |             |
| Arizona/AZ              |             | Maine/ME          |             | Oklahoma/OK       |             |
| Arkansas/AR             |             | Maryland/MD       |             | Oregon/OR         |             |
| California/CA           |             | Massachusetts/MA  |             | Pennsylvania/PA   |             |
| Colorado/CO             |             | Michigan/MI       |             | Rhode Island/RI   |             |
| Connecticut/CT          |             | Minnesota/MN      |             | South Carolina/SC |             |
| Delaware/DE             |             | Mississippi/MS    |             | South Dakota/SD   |             |
| District of Columbia/DC |             | Missouri/MO       |             | Tennessee/TN      |             |
| Florida/FL              |             | Montana/MT        |             | Texas/TX          |             |
| Georgia/GA              |             | Nebraska/NE       |             | Utah/UT           |             |
| Hawaii/HI               |             | Nevada/NV         |             | Vermont/VT        |             |
| Idaho/ID                |             | New Hampshire/NH  |             | Virginia/VA       |             |
| Illinois/IL             |             | New Jersey/NJ     |             | Washington/WA     |             |
| Indiana/IN              |             | New Mexico/NM     |             | West Virginia/WV  |             |
| lowa/IA                 |             | New York/NY       |             | Wisconsin/WI      |             |
| Kansas/KS               |             | North Carolina/NC |             | Wyoming/WY        |             |

- Customer acknowledges that FluentStream may provide a copy of this Certification to
  applicable governmental authorities, FluentStream's legal counsel, and/or FluentStream's
  auditors without Customer's permission and without notifying Customer. Customer
  acknowledges that FluentStream also may provide a copy of this Certification pursuant to
  subpoena, or other compulsory process, without Customer's permission and without notifying
  Customer.
- 3. Customer acknowledges that FluentStream's determination of Customer's exemption from the collection and remittance of 911 Surcharges by FluentStream will be based upon the information provided by the Customer in this Certification. Customer shall indemnify and hold harmless FluentStream from any and all claims and demands arising from any information, representations, or certifications made by Customer related to 911 Surcharge(s). FluentStream shall not be liable for any 911 Surcharge(s) not collected and/or remitted by Customer for any reason.
- 4. If, at any time, Customer's information, representations, and/or certifications are no longer accurate, Customer must notify FluentStream within fourteen (14) calendar days by completing and submitting a new Certification form.
- 5. Customer's representative identified in this Certification shall be duly authorized by Customer to make the representations and certifications contained herein on behalf of Customer.
- 6. This Certification shall be submitted in the electronic format provided, and subsequent notifications concerning it should be submitted to taxexemptions@FluentStream.com.
- 7. This Certification incorporates the terms of all agreements the Customer has with FluentStream.

BY EXECUTING THIS CERTIFICATION, CUSTOMER CERTIFIES UNDER PENALTY OF PERJURY THAT CUSTOMER IS SOLELY RESPONSIBLE FOR THE COLLECTION AND REMITTANCE OF ALL APPLICABLE 911 SURCHARGES ASSOCIATED WITH THE SERVICES PROVIDED TO CUSTOMER BY FLUENTSTREAM AS IDENTIFIED FOR BILLING PURPOSES BY THE ACCOUNT NUMBERS LISTED BELOW.

| Ву:                                          | : Name (Print):                                                                                             |
|----------------------------------------------|-------------------------------------------------------------------------------------------------------------|
|                                              | Signature:                                                                                                  |
|                                              | Title (Print):                                                                                              |
|                                              | Date:                                                                                                       |
|                                              | visioning Account Numbers to which this Certification applies account numbers are located on your invoice): |
| <ul> <li>Provisioning Account Nur</li> </ul> |                                                                                                             |
|                                              |                                                                                                             |
|                                              |                                                                                                             |



#### Federal Excise Tax Exemption Certificate

The undersigned hereby certifies that the service furnished by Supplier is exempt from the Federal Excise Tax on Communications and Facilities imposed by Internal Revenue Code (IRC) Section 4251 because the undersigned is exempt under IRC Section 4253 for such reason as marked below (check one). The undersigned agrees to notify Supplier in writing when the claimed status no longer applies.

A nonprofit hospital referred to in IRC Section 170 (b)(1)(A)(ii) which is exempt from income tax under Section 501 (a).

A nonprofit educational organization described in IRC Section (170) (b)(1)(A)(ii) which is exempt from income tax under Section 501 (a).

A School which is operated as an activity of an organization described in IRC Section 501(c)3 which is exempt from income tax under Section 505(a), and operates as described in IRC Section 4253 (j).

The U.S. government, government of a State, political subdivision of a state or of the District of Columbia.

The American Red Cross or an international organization described in Internal Revenue code Sections 7701 (a)(18) and 4253 (c).

A news service company of the type referred to in Internal Revenue Code Section 4253 (b).

Diplomatic, consular or other officers of foreign governments temporarily residing in the United States who are nationals of the foreign country on a diplomatic mission.

All telecommunications services purchased from supplier are for resale purposes in the normal course of our business. The service will be used exclusively in the rendering of communications services upon which tax is imposed by IRC Section 4251. It is understood that no tax will be collected by Supplier on charges for said service and that it will be the responsibility of the undersigned to collect such tax as may be due from its customers.

The service, which is defined in Section 4252 (b)(2), is for use by a common carrier, telephone or telegraph company, or radio broadcasting station or network in the conduct of its business as such.

Billing Account Number and Provisioning Account Numbers to which this Certification applies (BLANK or "ALL" not sufficient; account numbers are located on your invoice):

| Billing Account Number:        |                                                                                                    |                                                             |      |
|--------------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------|
| Provisioning Account Number(s) | <b>:</b>                                                                                           |                                                             |      |
| ACCOUNT NUMBER(S), SIGN AN     | ALID YOU MUST CHECK ONE OF THE<br>D DATE THE CERTIFICATE AND PRO<br>WILL RENDER THE CERTIFICATE NU |                                                             | LE   |
| THE EXEMPT STATUS OF THE U     | NDERSIGNED IS EFFECTIVE AS OF _                                                                    |                                                             |      |
| Customer:                      | FEDERAL TA                                                                                         | AX I.D                                                      |      |
|                                | e laws of the appropriate jurisdiction t<br>and belief is a true, correct and accura               | hat this certificate has been examined t<br>te certificate. | y me |
| Signature                      | Title                                                                                              | <br>Date                                                    |      |



## Gross Receipts Tax/ Surcharges Resale Certificate Valid only for the following states

| State Tax Registration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | or Permit Number:                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| California (1) UC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | New York (2)                                                                                                                                                                                                                                                      |
| District of Columbia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Nevada                                                                                                                                                                                                                                                            |
| Florida                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | New Mexico                                                                                                                                                                                                                                                        |
| Hawaii                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | North Dakota                                                                                                                                                                                                                                                      |
| Indiana                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Oregon                                                                                                                                                                                                                                                            |
| Kentucky                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Rhode Island                                                                                                                                                                                                                                                      |
| Maryland                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Texas (3)                                                                                                                                                                                                                                                         |
| Montana                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Utah (4)                                                                                                                                                                                                                                                          |
| 1) Applicable to ULTS. DEAF, CHCF, Teleconnect, CASE 2) Applicable to New York Municipal Utility Gross Rece 3) Applicable to Utility Gross Receipts Assessment 4) Applicable to Municipal Telecommunications License  Issued to Seller FluentStream by Customer affirms Customer is registered with the above State an purchased for resale, either wholesale or retail, in the number and service purchased from FluentStream relicertificate. The issuer (has the sole responsibility to de applicable laws in each state, as these may change from Billing Account Number and Provisioning Account (BLANK or "ALL" not sufficient; account numbers and Billing Account Number:  Billing Account Number: Provisioning Account Number(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | who hereby d that products or services purchased are ormal course of the Customer's business. All ated to the accounts listed below fall under this termine the proper use of this certificate under n time to time.  Numbers to which this Certification applies |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                   |
| Customer Name: Federal Tax ID: Customer Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | City State Zip                                                                                                                                                                                                                                                    |
| BY EXECUTING THIS CERTIFICATION, CUSTOMER CERTIFICATIO | ECTION AND REMITTANCE OF ALL APPLICABLE THE SERVICES PROVIDED TO CUSTOMER BY                                                                                                                                                                                      |
| Customer's Authorized Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                   |

Title

Date

(Owner, Partner, Corporate Officer, or Authorized Representative)

# RESALE CERTIFICATE FOR GOODS GENERAL FORM 1

(PLEASE PRINT OR TYPE)

| То    | FluentStream       |                      |                                                   |                                                                                                         |             |
|-------|--------------------|----------------------|---------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------|
|       |                    | Name of Seller       |                                                   |                                                                                                         |             |
|       | 1624 Market St     | Ste 226, PMB 829     | 77                                                |                                                                                                         |             |
|       |                    | Address of Seller    |                                                   | Date of this Certificate                                                                                |             |
|       | Denver             | СО                   | 80202-1559                                        |                                                                                                         |             |
| _     | City               | State                | Postal/ZIP Code                                   |                                                                                                         |             |
|       |                    |                      |                                                   | penalties set forth in section 231-36, Hawaii Revis<br>tive of the named Purchaser:                     | ed Statutes |
|       |                    |                      | Hawaii Tax Identification the taxing jurisdiction | on No. <b>GE</b>                                                                                        | _ under the |
| ٦     | That the nature a  | and character of th  | e Purchaser's busines                             | s is:                                                                                                   |             |
|       |                    |                      |                                                   |                                                                                                         |             |
|       |                    |                      |                                                   |                                                                                                         |             |
|       |                    |                      |                                                   |                                                                                                         |             |
| the F | Purchaser shall p  |                      | Seller named above ex                             | all apply to all purchases of tangible personal pro<br>xcept those orders which the Purchaser specifies |             |
| ٦     | That all of the pu | ırchases of tangibl  | e personal property to                            | which this Certificate applies:                                                                         |             |
|       | ☐ are pu           | urchases for resale  | e at retail or leases und                         | er Chapter 237, HRS; and/or                                                                             |             |
|       | ☐ are pu           | urchases for resale  | e at wholesale under C                            | hapter 237, HRS;                                                                                        |             |
| Rule  |                    | he seller the amo    |                                                   | RS, and section 18-237-13-02(d)(2)(B), Hawaii Adax imposed upon the seller with respect to any t        |             |
|       |                    |                      |                                                   |                                                                                                         |             |
|       |                    | Name of Purchaser    |                                                   | Signature                                                                                               |             |
|       |                    | Address of Purchaser |                                                   | Print Name of Signatory                                                                                 |             |
| City  |                    | State                | Postal/ZIP Code                                   | Title (Owner, Partner or Member, Officer, or Duly Authorized Agent)                                     | Date        |

# Illinois Department of Revenue

# CRT-61 Certificate of Resale

## Step 1: Identify the seller

1 Name FluentStream

2 Business address 1624 Market St Ste 226, PMB 82977

| Denver | CO    | 80202-1559 |
|--------|-------|------------|
| City   | State | Zip        |

# Step 3: Describe the property

| 6 | Describe the property that is being purchased for resale o list the invoice number and the date of purchase. |  |  |  |
|---|--------------------------------------------------------------------------------------------------------------|--|--|--|
|   |                                                                                                              |  |  |  |
|   |                                                                                                              |  |  |  |

## Step 2: Identify the purchaser

| 3 | ıvar | me                                                                                  |                |                                         |
|---|------|-------------------------------------------------------------------------------------|----------------|-----------------------------------------|
| 4 | Bus  | siness address                                                                      |                |                                         |
|   | City |                                                                                     | State          | Zip                                     |
| 5 | Coi  | mplete the information b                                                            | elow. Check    | conly one box.                          |
|   |      | The purchaser is registered Department of Revenue.                                  |                | er with the Illinois<br><br>! ID number |
|   |      | The purchaser is registered Department of Revenue.                                  |                | ler with the Illinois                   |
|   |      | The purchaser is authoriz will resell and deliver propoutside the state of Illinois | erty only to p | ourchasers located                      |

## Step 4: Complete for blanket certificates

7 Complete the information below. Check only one box.

| I am the identified purchaser, and I certify that all of the purchases that I make from this seller are for resale.                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------|
| I am the identified purchaser, and I certify that the following percentage,%, of all of the purchases that I make from this seller are for resale |

## Step 5: Purchaser's signature

I certify that I am purchasing the property described in Step 3 from the stated seller for the purpose of resale.

| Purchaser's signature |  |  |
|-----------------------|--|--|

Note: It is the seller's responsibility to verify that the purchaser's <u>Illinois</u> account ID or <u>Illinois</u> resale number is valid and active. You can confirm this by visiting our web site at tax.illinois.gov and using the Verify a Registered Business tool.

#### General information

#### When is a Certificate of Resale required?

Generally, a Certificate of Resale is required for proof that no tax is due on any sale that is made tax-free as a sale for resale. The purchaser, at the seller's request, must provide the information that is needed to complete this certificate.

#### Who keeps the Certificate of Resale?

The seller must keep the certificate. We may request it as proof that no tax was due on the sale of the specified property. Do not mail the certificate to us.

#### Can other forms be used?

Yes. You can use other forms or statements in place of this certificate but whatever you use as proof that a sale was made for resale must contain

- the seller's name and address;
- the purchaser's name and address;
- a description of the property being purchased;
- a statement that the property is being purchased for resale;
- the purchaser's signature and date of signing; and
- either an Illinois account ID number, an Illinois resale number, or a certification of resale to an out-of-state purchaser.

Note: A purchase order signed by the purchaser may be used as a Certificate of Resale if it contains all of the above required information.

#### When is a blanket certificate of resale used?

The purchaser may provide a blanket certificate of resale to any seller from whom all purchases made are sales for resale. A blanket certificate can also specify that a percentage of the purchases made from the identified seller will be for resale. In either instance, blanket certificates should be kept up-to-date. If a specified percentage changes, a new certificate should be provided. Otherwise, all certificates should be updated at least every three years.

## Specific instructions

#### Step 1: Identify the seller

Lines 1 and 2 Write the seller's name and mailing address.

#### Step 2: Identify the purchaser

Lines 3 and 4 Write the purchaser's name and mailing address.

**Line 5** Check the statement that applies to the purchaser's business, and provide any additional requested information. Note: A statement by the purchaser that property will be sold for resale will not be accepted by the department without supporting evidence (e.g., proof of out-of-state registration).

### Step 3: Describe the property

**Line 6** On the lines provided, briefly describe the tangible personal property that was purchased for resale or list the invoice number and date of purchase.

#### Step 4: Complete for blanket certificates

Line 7 The purchaser must check the statement that applies, and provide any additional requested information.

#### Step 5: Purchaser's signature

The purchaser must sign and date the form.



# **Utility Sales Tax Exemption Application**

# For Purchase of Metered Utility or Telecommunication Services Reverse Side Must Also Be Completed

| A. Mailing Address                                                         |                        |                                             |                        | B. Meter Location Address     |                  |      |  |
|----------------------------------------------------------------------------|------------------------|---------------------------------------------|------------------------|-------------------------------|------------------|------|--|
| Legal Name:                                                                |                        |                                             | DBA (doing busin       | DBA (doing business as) Name: |                  |      |  |
| Street/P.O. Box:                                                           |                        |                                             |                        | Street/P.O. Box:              | Street/P.O. Box: |      |  |
| City,                                                                      | State, ZIP:            |                                             |                        | City, State, ZIP:             |                  |      |  |
| Tele                                                                       | ohone Number           | :                                           |                        | Telephone Numb                | er:              |      |  |
| <b>C</b> . B                                                               | illing Name (a d       | copy of the utility bill                    | with billing name mu   | st be attached)               |                  |      |  |
|                                                                            | 12 months of bi        | lls are attached                            | ີ່ 1 bill showing annເ | ual usage is attached         | d                |      |  |
| D. F                                                                       | ill In All Applic      | able Blanks                                 |                        |                               |                  |      |  |
| On t                                                                       | ne reverse side        | e, only complete the                        | Summary (Section E     | and sign and date             | the form.        |      |  |
| 1                                                                          | Indiana Taxpa          | yer Identification Nui                      | mber (TID)             |                               |                  |      |  |
| 2                                                                          | Location (thre         | e digit location numb                       | er)                    |                               |                  |      |  |
| 3                                                                          | Social Securit         | y Number (farmers o                         | nly)                   |                               |                  |      |  |
| 4                                                                          | Federal ID Nu          | mber                                        |                        |                               |                  |      |  |
| 5 Name of Utility Company                                                  |                        |                                             |                        |                               |                  |      |  |
| 6 Meter Number (only 1 meter per application)                              |                        |                                             |                        |                               |                  |      |  |
| 7 Account Number (from utility bills)                                      |                        |                                             |                        |                               |                  |      |  |
| Type of Energy/Utility Service (telephone, gas, electric, steam, or water) |                        |                                             |                        |                               |                  |      |  |
| 9                                                                          | 9 Average Monthly Bill |                                             |                        |                               |                  |      |  |
| 10                                                                         |                        | . Cubic Feet or Gallo<br>ous calendar year) | ons                    |                               |                  |      |  |
| 11                                                                         | Total Hours of         | Operation Per Day                           |                        |                               |                  |      |  |
| 12 Number of Operational Days Per Week                                     |                        |                                             |                        |                               |                  |      |  |
| 13 Number of Operational Weeks Per Year                                    |                        |                                             |                        |                               |                  |      |  |
|                                                                            |                        |                                             |                        |                               |                  |      |  |
| For                                                                        | Department U           | se Only                                     |                        |                               |                  |      |  |
| Employee Name Exempt %                                                     |                        |                                             | Exempt %               |                               | Disposition      |      |  |
| User ID NAICS Code                                                         |                        | NAICS Code                                  |                        | Issue ST-109                  | Yes 🗆            | No 🗆 |  |
| Date                                                                       |                        | POA                                         | Yes 🗌 No 🔲             | Audit Case #                  |                  |      |  |

| E. Summary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |                                       |                                       |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------|---------------------------------------|--|--|
| Please provide a brief overview                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | w of your operation. Expla | in how the utility is used.           |                                       |  |  |
| Note: Registered nonprofit org                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u> </u>                   | -                                     |                                       |  |  |
| F. Supporting Schedule (See                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | , ,                        | · · · · · · · · · · · · · · · · · · · |                                       |  |  |
| List all production and nonproduction and nonpro |                            | e annual energy consumption           | n with K.W.H., cubit feet, or gallons |  |  |
| G. Utility Usage Study: Rese                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | earch & Development (R     | &D)                                   |                                       |  |  |
| List all R&D and Non R&D equipment with annual energy consumption with K.W.H., cubit feet, or gallons breakdown for each piece of equipment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |                                       |                                       |  |  |
| H. Certification/Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |                                       |                                       |  |  |
| I hereby certify under penalty of perjury that the foregoing is true and correct to the best of my knowledge, that all equipment has been listed, and that the power ratings of all listed equipment have been visually verified.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                            |                                       |                                       |  |  |
| Authorized Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Printed Name               | Email                                 | Date                                  |  |  |
| Signature of Utility Study<br>Preparer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Printed Name               | Email                                 | Date                                  |  |  |

### **Instructions for Completing Form ST-200**

The information requested on the ST-200 enables the Indiana Department of Revenue to verify the exempt status of metered utility or telecommunication services.

Complete a separate application for each meter and/or telephone account. Fill in all blanks. Any applications that are missing information or are incomplete will be rejected which will delay the processing of your application.

**Section A: Mailing Address:** You must apply using the legal name of the business entity. Please enclose a copy of the utility bill with the legal name to speed up the review of the application.

**Section B: Meter Location Address:** Provide the location address of the meter or communication service.

Section C: Billing Name: A complete copy of the utility billings with billing name, location, meter number and account number must be attached. If this information isn't available on the bill other documentation will need to be provided. For example, a screen shot of your online utility account or something from the utility company on their letterhead with the information needed. Annual utility usages must be documented. Attach either 12 months of billings or one month that has the annual usage documented, typically in a usage graph.

**Section D: Fill in All Applicable Blanks:** Please complete all Applicable information. Any missing information may cause a processing delay of your application.

**Section E: Summary**: Please explain how the utility is used.

**Example:** for telephone service used in rendering public transportation, the supporting schedule may read 35% dispatch, 5% sales, 5% marketing, etc. Usage must total 100%.

Please return the application to:

Indiana Department of Revenue PO Box 935 Indianapolis, IN 46206-0935 **Section F: Utility Usage Study:** Production (eligible for predominate use exemption)

Businesses need to provide the following information detailing production and non-production equipment for the meter. (R&D skip to Section G)

- 1. List each piece of equipment connected to the meter (production and nonproduction equipment);
- 2. Explain how the equipment is used;
- 3. Provide the power rating of each piece of equipment;
- 4. List the hours the equipment is used;
- 5. Provide the total energy consumed for each piece of equipment for the previous calendar year.

**Section G: Utility Usage Study:** Research and Development ("R&D") (not eligible for predominate use exemption)

Businesses need to provide the following information detailing the R&D and non-R&D equipment usage for the meter.

- List each piece of equipment connected to the meter (R&D and non-R&D);
- 2. Explain how the equipment is used;
- 3. Provide the power rating of each piece of equipment;
- 4. List the hours the equipment is used;
- 5. Provide the total energy consumed for each piece of equipment for the previous calendar year.

**Section H. Certification/Signature**: Sign and date the application, and if you are a representative, a Form POA-1 must be attached. The person who completed the utility study must sign and date the form.

For Assistance, call: (317) 232-2339

or

Email: refundclaim@dor.in.gov

Important—Certificate not valid unless completed.

#### RESALE CERTIFICATE

Blanket Single Purchase

| I hereby certify that                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of Business                                                                                                                                                                                                                                                                                                                           | Address                                                                                                                                                                                                  |
| holds a valid Sales and Use Tax Permit, Account No.                                                                                                                                                                                                                                                                                        | , issued pursuant to the sales and use tax law and is                                                                                                                                                    |
| engaged in the business of selling, leasing or renting, industrial                                                                                                                                                                                                                                                                         | processing or manufacturing the following:                                                                                                                                                               |
| I further certify that the tangible personal property, digital                                                                                                                                                                                                                                                                             | property, or (effective on or after 7/1/2019) taxable services                                                                                                                                           |
| enumerated in KRS 139.200(g)-(q) described herein which I sha                                                                                                                                                                                                                                                                              | all purchase from:                                                                                                                                                                                       |
| Name of Seller                                                                                                                                                                                                                                                                                                                             | Address                                                                                                                                                                                                  |
| will be resold in the regular course of business, or leased or rer provided in KRS 139.470(9), in the manufacture or industrial pro will be resold. In the event any property or service purchased undemonstration or display while holding it for sale, lease or renta required by law to report and pay the tax measured by the purchase | cessing of tangible personal property or digital property which<br>der this certificate is used for any purpose other than retention<br>al in the regular course of business, it is understood that I am |
| Under penalties of perjury, I swear or affirm that the information                                                                                                                                                                                                                                                                         | n on this certificate is true and correct as to every material matter                                                                                                                                    |
| Authorized Signature (Owner, Partner or Corporate Officer)                                                                                                                                                                                                                                                                                 | Title                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                          |

CAUTION TO SELLER: Contractors or other persons registered under a consumer number in the 900,000 series may not issue a resale certificate for any purchase. Sellers accepting certificates from such persons will be held liable for the sales or use tax. NOTE: Any person who makes improper use of this certificate is subject to such penalties as provided by law including the criminal

provisions of KRS 139,990(1).

DEPARTMENT OF REVENUE Frankfort, Kentucky 40620

R-1332 (4/05)



### **Blanket Exemption Certificate**

covering purchases of telecommunication services for resale by another service provider under Revised Statute 47:301(14)(i)

| This certifies that all telecommunication services pure            | chased by the undersigned from:                                                                                                                                                                                                     |  |  |  |  |  |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| Name: FluentStream                                                 |                                                                                                                                                                                                                                     |  |  |  |  |  |
| Address: 1624 Market St. Ste 226, PMB 82977, Denver, CO 80202-1559 |                                                                                                                                                                                                                                     |  |  |  |  |  |
| ther certifies that the services which are hereby claim            | the advance sales tax provision of R.S. 47:306(B). The undersigned purchaser funded to be exempt will be resold at retail and that the sales tax will be collected an under the sales tax registration account number listed below. |  |  |  |  |  |
| Purchaser                                                          | Signature of authorized agent                                                                                                                                                                                                       |  |  |  |  |  |
| Address                                                            | Title                                                                                                                                                                                                                               |  |  |  |  |  |
| Louisiana sales tax account number                                 | Date                                                                                                                                                                                                                                |  |  |  |  |  |



# Form ST-4 Sales Tax Resale Certificate

Rev. 8/16

Massachusetts

Department of

Revenue

| Name of purchaser                    |                                                                                                                                        | Account ID n                             | umber or Federal ID number |
|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------|
| Address                              |                                                                                                                                        |                                          |                            |
| City/Town                            |                                                                                                                                        | State                                    | Zip                        |
| Type of business in which purchase   | is engaged:                                                                                                                            |                                          |                            |
| Type of tangible personal property o | r service being purchased (be as specific                                                                                              | as possible):                            |                            |
|                                      |                                                                                                                                        |                                          |                            |
| Name of vendor from whom tangible    | e personal property or services are being                                                                                              | purchased:                               |                            |
| Address                              | City/Town                                                                                                                              | State                                    | Zip                        |
| Laws, Chapter 64H, section 7, and t  | ussachusetts Vendor's Registration, issue<br>hat I am in the business of selling the kin<br>uch property or services in the regular co | d of tangible personal property or servi |                            |
| Signed under the penalties of per    | jury.                                                                                                                                  |                                          |                            |
| Signature of purchaser               | Title                                                                                                                                  | Date                                     |                            |
| Check applicable box: ☐ Single p     | urchase certificate                                                                                                                    |                                          |                            |

#### **Notice to Vendors**

- 1. Massachusetts General Laws assume that all gross receipts of a vendor from the sale of tangible personal property and services are from sales subject to tax, unless the contrary is established. The burden of proving that a sale of tangible personal property or service by any vendor is not a retail sale is placed upon the vendor unless he/she accepts from the purchaser a certificate declaring that the property or service is purchased for resale.
- **2.** A resale certificate relieves the vendor from the burden of proof only if it is taken in good faith from a purchaser who is engaged in the business of selling tangible property or services and who holds a valid Massachusetts sales tax registration.
- 3. The good faith of the vendor will be questioned if he/she has knowledge of facts which give rise to a reasonable inference that the purchaser does not intend to resell the property or services. For example, knowledge that a purchaser of particular merchandise is not engaged in the business of selling the kind of merchandise or service he/she is purchasing under this certificate would constitute grounds to question the good faith of the vendor.
- **4.** The vendor must make sure that the certificate is filled out properly and signed before accepting it.
- **5.** The vendor must retain this certificate as part of his/her permanent tax records.

If you have any questions about the acceptance or use of this certificate, please contact: Massachusetts Department of Revenue, Customer Service Bureau, PO Box 7010, Boston, MA 02204, or call (617) 887-MDOR or toll-free, in-state 1-800-392-6089.

#### **Notice to Purchasers**

- 1. This certificate is to be used when the purchaser intends to resell the tangible personal property or service in the regular course of business. Manufacturers claiming an exempt use of the materials, tools and fuel which will be used in the manufacture, processing or conversion of tangible personal property should use Form ST-12, Exempt Use Certificate. Tax-exempt organizations making purchases for other than resale are to use Form ST-5, Exempt Purchaser Certificate.
- 2. The purchaser must hold a valid Massachusetts vendor registration. If you need to apply for a registration, go to mass.gov/dor and click on MassTaxConnect to complete an online application for registration.
- 3. This certificate must be signed by and bear the name and address of the purchaser and his/her Account ID number or Federal Identification number. This certificate must also indicate the type of tangible personal property purchased and resold by the purchaser.
- **4.** If a purchaser who gives a certificate makes any use of the property other than retention, demonstration or display while holding it for sale in the regular course of business, such property will be subject to the Massachusetts sales or use tax, as of the time the property is first used by him/her.
- **5.** If you are engaged in a service activity, and are unsure as to the eligibility of the tangible personal property being purchased for resale, see the regulation on Service Enterprises, 830 CMR 64H.1.1.
- 6. For further information about the use of resale certificates, see the regulation on Resale and Exempt Use Certificates, 830 CMR 64H.8.1.

Warning: Willful misuse of this certificate may result in criminal tax evasion sanctions of up to one year in prison and \$10,000 (\$50,000 for corporations) in fines.



Exemption Certificate
For purchases of telecommunication service for resale by another service provider.

| Date                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| This certifies that all telecommunication services purchased by the undersigned from                                                                                                                                                                                                                                                                                           |  |  |  |  |
| Name of seller FluentStream                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
| Address 1624 Market St Ste 226, PMB 82977, Denver, CO 80202-1559                                                                                                                                                                                                                                                                                                               |  |  |  |  |
| Are to be sold, and are exempt from the collection of the telecommunication excise tax. The undersigned purchaser further certifies that the services that are hereby claimed to be exempt will be resold.                                                                                                                                                                     |  |  |  |  |
| Name of purchaser                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |
| Address                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |
| Signature of purchaser or authorized agent                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |
| <ol> <li>Please maintain a copy of this certificate for your records in the event that any issues may arise regarding your exemption status.</li> <li>Please note it is the responsibility of the telecommunication provider who is billing the end-user to collect and remit the Montana Retail Telecommunication Excise Tax to the Montana Department of Revenue.</li> </ol> |  |  |  |  |
| Please provide a description of the purchase.                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |



#### UNIFORM SALES & USE TAX EXEMPTION/RESALE CERTIFICATE -MULTIJURISDICTION

The below-listed states have indicated that this certificate is acceptable as a resale / exemption certificate for sales and use tax, subject to the notes on page s 3-5. The issuer (may also be referred to as Customer or Purchaser) has the sole responsibility to determine the proper us e of this certificate under applicable laws in each state, as these may change from time to time.

| Issued to: FluentStream                                                                                                                                                            |                                      |                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------|
| I certify that Customer (issuer):  and is registered with the below listed states a such purchases are for wholesale, resale, or in or rented in the normal course of business. We | gredients or components of a new pro | oduct or service to be resold, leased, |
| (renting) selling (California) the following:                                                                                                                                      |                                      |                                        |
| Description of business:                                                                                                                                                           |                                      | General description of                 |
| tangible property or taxable services to be pu                                                                                                                                     | rchased from FluentStream:           |                                        |

| State              | State Registration or ID Number of Purchaser | State               | State Registration or ID Number of Purchaser |
|--------------------|----------------------------------------------|---------------------|----------------------------------------------|
| AL¹                |                                              | MO <sup>16</sup>    |                                              |
| AR                 |                                              | NE <sup>17</sup>    |                                              |
| AZ <sup>2</sup>    |                                              | NV                  |                                              |
| CA <sup>3</sup>    |                                              | NJ                  |                                              |
| CO <sup>4</sup>    |                                              | NM <sup>4, 18</sup> |                                              |
| CT⁵                |                                              | NC <sup>19</sup>    |                                              |
| DC <sup>6</sup>    |                                              | ND                  |                                              |
| FL <sup>7</sup>    |                                              | OH <sup>20</sup>    |                                              |
| GA <sup>8</sup>    |                                              | OK <sup>21</sup>    |                                              |
| HI <sup>4,9</sup>  |                                              | PA <sup>22</sup>    |                                              |
| ID                 |                                              | RI <sup>23</sup>    |                                              |
| IL <sup>4,10</sup> |                                              | SC                  |                                              |
| IA                 |                                              | SD <sup>24</sup>    |                                              |
| KS                 |                                              | TN                  |                                              |
| KY <sup>11</sup>   |                                              | TX <sup>25</sup>    |                                              |
| ME <sup>12</sup>   |                                              | UT                  |                                              |
| MD <sup>13</sup>   |                                              | VT                  |                                              |
| MI <sup>14</sup>   |                                              | WA <sup>26</sup>    |                                              |
| MN <sup>15</sup>   |                                              | WI <sup>27</sup>    |                                              |

| <ul> <li>Billing Account Number:</li> <li>Provisioning Account Number(s):</li> </ul>                                                                                                                                                                                                                           |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| BY EXECUTING THIS CERTIFICATION, CUSTOMER CERTIFIES UNDER PENALTY OF PERJUCUSTOMER IS SOLELY RESPONSIBLE FOR THE COLLECTION AND REMITTANCE OF ALL ATAXES, FEES, AND SURCHARGES ASSOCIATED WITH THE SERVICES PROVIDED TO CUST FLUENTSTREAM, AS IDENTIFIED FOR BILLING PURPOSES BY THE ACCOUNT NUMBERS IS BELOW. | APPLICABLE<br>TOMER BY |
| Customer's Authorized Signature:                                                                                                                                                                                                                                                                               |                        |
| Title:                                                                                                                                                                                                                                                                                                         |                        |
| Date:                                                                                                                                                                                                                                                                                                          |                        |

Billing Account Number and Provisioning Account Numbers to which this Certification applies (BLANK or

"ALL" not sufficient; account numbers are located on your invoice):

# INSTRUCTIONS REGARDING UNIFORM SALES & USE TAX EXEMPTION CERTIFICATE

To Customers (may also be referred to issuer or Purchaser or Buyer):

In order to comply with most state and local sales tax law requirements, the Seller (may also be referred to as FluentStream or recipient) must have in its files a properly executed exemption certificate from all of its customers (Buyers) who claim a sales/ use tax exemption. If the Seller does not have this certificate, it is obliged to collect the tax for the state in which the property or service is delivered.

If the Buyer purchases tax free for a reason for which this form does not provide, the Buyer should send the Seller its special certificate or statement in order to determine if Seller will accept any such special certificate or statement in lieu of this certificate.

#### State Specific Notes:

- 1. Alabama: Each retailer shall be responsible for determining the validity of a purchaser's claim for exemption.
- 2. Arizona: This certificate may be used only when making purchases of tangible personal property for resale in the ordinary course of business, and not for any other statutory deduction or exemption. It is valid as a resale certificate only if it contains the purchaser's name, address, signature, and Arizona transaction privilege tax (or other state sales tax) license number, as required by Arizona Revised Statutes§ 42-5022, Burden of proving sales not at retail.
- 3. California:
- This certificate is not valid as an exemption certificate. Its use is limited to use as a resale certificate subject to the provisions of Title 18, California Code of Regulations, Section 1668 (Sales and Use Tax Regulation 1668, Resale Certificate).
- By use of this certificate, the purchaser certifies that the property is purchased for resale in the regular course of business in the form of tangible personal property, which includes property incorporated as an ingredient or component of an item manufactured for resale in the regular course of business.
- When the applicable tax would be sales tax, it is the Seller who owes that tax unless the Seller takes a timely and valid resale certificate in good faith.
- A valid resale certificate is effective until the issuer revokes the certificate.
- **4. Colorado, Hawaii, Illinois, and New Mexico:** these states do not permit the use of this certificate to claim a resale exemption for the purchase of a taxable service for resale.
- 5. Connecticut: This certificate is not valid as an exemption certificate. Its use is limited to use as a resale certificate subject to Conn. Gen. State §§12-410(5) and 12-411(14) and regulations and administrative pronouncements pertaining to resale certificates.
- **6. DC:** As of November 1, 2017, the District of Columbia has not accepted the Multistate Tax Commission's Uniform Sales and Use Tax Exemption/Resale Certificate Multijurisdictional for tax-exempt purchases for resale.
- 7. Florida: Allows the Multistate Tax Commission's Uniform Sales and Use Tax Exemption/Resale Certificate Multijurisdictional for tax-exempt purchases for resale; however, the selling dealer must also obtain a resale authorization number from the Florida Department of Revenue at floridarevenue.com/taxes/certificates, or by calling 877-357-3725, and entering the purchaser's Florida Annual Resale Certificate number.
- 8. Georgia: The purchaser's state-of-registration number will be accepted in lieu of Georgia's registration number when the purchaser is located outside Georgia, does not have nexus with Georgia, and the tangible personal property is delivered by drop shipment to the purchaser's customer located in Georgia.
- 9. Hawaii: allows this certificate to be used by the seller to claim a lower general excise tax rate or no general excise tax, rather than the buyer claiming an exemption. The no tax situation occurs when the purchaser of imported goods certifies to the seller, who originally imported the goods into Hawaii, that the purchaser will resell the imported goods at wholesale. If the lower rate or no-tax does not in fact apply to the sale, the purchaser is liable to pay the seller the additional tax imposed. See Hawaii Dept. of Taxation Tax Information Release No. 93-5, November 10, 1993, and Tax Information Release No. 98-8, October 30, 1998.

10. Illinois: Use of this certificate in Illinois is subject to the provisions of 86 III. Adm. Code Ch. I, Sec. 130.1405. Illinois does not have an exemption for sales of property for subsequent lease or rental, nor does the use of this certificate for claiming resale purchases of services have any application in Illinois. The registration number to be supplied next to Illinois on page 1 of this certificate must be the Illinois registration or resale number; no other state's registration number is acceptable. "Good faith" is not the standard of care to be exercised by a retailer in Illinois. A retailer in Illinois is not required to determine whether the purchaser intends to resell the item. Instead, a retailer must confirm that the purchaser has a valid registration or resale number at the time of purchase. If a purchaser fails to provide a certificate of resale at the time of sale in Illinois, the seller must charge the purchaser tax. While there is no statutory requirement that blanket certificates of resale be renewed at certain intervals, blanket certificates should be updated periodically, and no less frequently than every three years.

#### 11. Kentucky:

- Kentucky does not permit the use of this certificate to claim resale exclusion for the purchase of a taxable service.
- This certificate is not valid as an exemption certificate. Its use is limited to use as a resale certificate subject to the provisions of Kentucky Revised Statute 139.270 (Good Faith).
- The use of this certificate by the purchaser constitutes the issuance of a blanket certificate in accordance with Kentucky Administrative Regulation 103 KAR 31: 111
- 12. Maine: This state does not have an exemption for sales of property for subsequent lease or rental.
- 13. Maryland: This certificate is not valid as an exemption certificate. However, vendors may accept resale certificates that bear the exemption number issued to a religious organization. Exemption certifications issued to religious organizations consist of 8 digits, the first two of which are always "29". Maryland registration, exemption, and direct pay numbers may be verified on the website of the Comptroller of the Treasury at www.marylandtaxes.com.
- **14. Michigan:** This certificate is effective for a period of four years unless a lesser period is mutually agreed to and stated on this certificate. It covers all exempt transfers when accepted by the seller in "good faith" as defined by Michigan statute.

#### 15. Minnesota:

- Minnesota does not allow a resale certificate for purchases of taxable services for resale in most situations.
- Minnesota allows an exemption for items used only once during production and not used again.

#### 16. Missouri:

- Purchasers who improperly purchase property or services sales-tax free using this certificate may be required to pay the tax, interest, additions to tax, or penalty.
- Even if property is delivered outside Missouri, facts and circumstances may subject it to Missouri tax, contrary to the second sentence of the first paragraph of the above instructions.
- 17. Nebraska: A blanket certificate is valid for 3 years from the date of issuance.
- **18. New Mexico:** For transactions occurring on or after July 1, 1998, New Mexico will accept this certificate in lieu of a New Mexico nontaxable transaction certificate and as evidence of the deductibility of a sale of tangible personal property provided:
- this certificate was not issued by the State of New Mexico;
- the buyer is not required to be registered in New Mexico; and
- the buyer is purchasing tangible personal property for resale or incorporation as an ingredient or component of a manufactured product.
- 19. North Carolina: This certificate is not valid as an exemption certificate if signed by a person such as a contractor who intends to use the property. Its use is subject to G.S. 105-164.28 and any administrative rules or directives pertaining to resale certificates.

#### 20. Ohio:

- The buyer must specify which one of the reasons for exemption on the certificate applies. This may be done by circling or underlining the appropriate reason or writing it on the form above the state registration section. Failure to specify the exemption reason will, on audit, result in disallowance of the certificate.
- In order to be valid, the buyer must sign and deliver the certificate to the seller before or during the period for filing the return
- 21. Oklahoma: Oklahoma would allow this certificate in lieu of a copy of the purchaser 's sales tax permit as one of the elements of "properly completed documents" which is one of the three requirements which must be met prior to

the vendor being relieved of liability. The other two requirements are that the vendor must have the certificate in his possession at the time the sale is made and must accept the documentation in good faith. The specific documentation required under OAC 710-:65-7-6 is:

- Sales tax permit information may consist of:
  - o A copy of the purchaser's sales tax permit; or
  - o In lieu of a copy of the permit, obtain the following:
    - Sales tax permit number; and
    - The name and address of the purchaser;
- A statement that the purchaser is engaged in the business of reselling the articles purchased;
- A statement that the articles purchased is purchased for resale;
- The signature of the purchaser or a person authorized to legally bind the purchaser; and
- Certification on the face of the invoice, bill, or sales slip, or on separate letter, that said purchaser is engaged in reselling the articles purchased.

Absent strict compliance with these requirements, Oklahoma holds a seller liable for sales tax due on sales where the claimed exemption is found to be invalid, for whatever reason, unless the Tax Commission determines that purchaser should be pursued for collection of the tax resulting from improper presentation of a certificate.

- 22. Pennsylvania: This certificate is not valid as an exemption certificate. It is valid as a resale certificate only if it contains the purchaser's Pennsylvania Sales and Use Tax eight-digit license number, subject to the provisions of 61 PA Code §32.3.
- **23. Rhode Island:** Rhode Island allows this certificate to be used to claim a resale exemption only when the item will be resold in the same form. It does not permit this certificate to be used to claim any other type of exemption.
- 24. South Dakota: Services which are purchased by a service provider and delivered to a current customer in conjunction with the services contracted to be provided to the customer are claimed to be for resale. Receipts from the sale of a service for resale le by the purchaser are not subject to sales tax if the purchaser furnishes a resale certificate which the seller accepts in good faith. In order for the transaction to be a sale for resale, the following conditions must be present:
- The service is purchased for or on behalf of a current customer;
- The purchaser of the service does not use the service in any manner; and
- The service is delivered or resold to the customer without any alteration or change.
- **25. Texas:** Items purchased for resale must be for resale within the geographical limits of the United States, its territories, and possessions.

#### 26. Washington:

- Blanket resale certificates must be renewed at intervals not to exceed four years;
- This certificate may be used to document exempt sales of "chemicals to be used in processing an article to be produced for sale."
- Buyer acknowledges that the misuse of the tax due, in addition to the tax, interest, and any other penalties imposed by law.
- **27. Wisconsin:** Wisconsin allows this certificate to be used to claim a resale exemption only. It does not permit this certificate to be used to claim any other type of exemption.



**DP-143** 



## **COMMUNICATIONS SERVICES TAX APPLICATION FOR RESALE**

| Name of Applicant                                                                                                                                                                                                  | CST Registration Number                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
|                                                                                                                                                                                                                    |                                                                              |
| Number & Street Address                                                                                                                                                                                            | Taxpayer Identification Number                                               |
|                                                                                                                                                                                                                    |                                                                              |
| Address (continued)                                                                                                                                                                                                |                                                                              |
| Address (continued)                                                                                                                                                                                                |                                                                              |
|                                                                                                                                                                                                                    |                                                                              |
| City / Town                                                                                                                                                                                                        | State Zip Code + 4 (or Canadian Postal Code)                                 |
|                                                                                                                                                                                                                    |                                                                              |
| Provide a detailed explanation of why you believe that your purchase of communic RSA 82-A:9. (Attach additional pages, if necessary.)                                                                              | cations services are exempt from the Communications Services Tax pursuant to |
| Provide a listing of businesses to whom you resell communications services.                                                                                                                                        |                                                                              |
| Do you resell 100% of your purchases? Yes No  Do you use communications services for any of your own administrative purposes?  If you are reselling less than 100% provide an explanation of how you calculated th |                                                                              |
|                                                                                                                                                                                                                    |                                                                              |
| Under penalties of perjury, I declare that I have examined this document, and to the                                                                                                                               | e best of my belief it is true, correct and complete.                        |
| Signature of Authorized Representative                                                                                                                                                                             | MMDDYYYY                                                                     |
| Print Signatory Name & Title                                                                                                                                                                                       |                                                                              |
| Resale Certificate Number (DRA USE ONLY)                                                                                                                                                                           |                                                                              |

**DP-143** 

# **COMMUNICATIONS SERVICES TAX**

# **APPLICATION FOR RESALE**

#### **GENERAL INSTRUCTIONS**

#### WHO MUST FILE

Any person who seeks exemption from collecting and remitting Communications Services Tax (CST) because such person purchases services for use as a component part of the service provided by such person to the ultimate retailer consumer shall apply for a resale number pursuant to RSA 82-A:9 and Rev 1608.08.

Any sale for resale made by a retailer shall be taxable under RSA 82-A, unless the reseller has an active reseller number from the Department and furnishes that number to the retailer in certifying that the sale to the reseller is nontaxable because of being a sale for resale.

#### APPLICANT IDENTIFICATION

Indicate in the spaces provided applicant's name and address, CST registration number issued by the NH DRA, taxpayer identification number [Federal Employer Identification Number (FEIN) or Social Security Number (SSN)].

#### REQUIRED INFORMATION

- Detailed explanation of why the applicant's purchases of communications services are exempt from communications services tax.
- List of businesses to whom applicant resells communications services.
- Provide an explanation of how the resale percentage is calculated and what the percentage is.

#### **SIGNATURE**

The application must be signed and dated by the authorized representative of the applicant.

#### WHERE TO FILE

Mail to: NH DRA PO BOX 637 Concord, NH 03302-0637

#### **ADDRESS CHANGE**

The applicant or agent must report any address changes under separate cover by filing a Form DP-144, Communications Services Tax Registration Change Request Form.

#### **NEED FORMS?**

To obtain additional forms, you may visit our website at www.revenue.nh.gov/ or call the Forms Line at (603) 230-5001.

#### **NEED HELP?**

Questions not covered here may be answered in our Frequently Asked Questions (FAQ) available on our website at www.revenue.nh.gov/ or by calling Taxpayer Services at (603) 230-5920, Monday through Friday, 8:00 am to 4:30 pm. All written correspondence to the Department should include the taxpayer name, taxpayer identification number, the name of a contact person and a daytime telephone number. Individuals who need auxiliary aids for effective communications in programs and services of the New Hampshire Department of Revenue Administration are invited to make their needs and preferences known. Individuals with hearing or speech impairments may call TDD Access: Relay NH 1-800-735-2964.

ACD--31050 REV. 06/01/2019

Signature:

### **New Mexico Taxation and Revenue Department** P.O Box 5557 Santa Fe. New Mexico 87502-5557



www.tax.newmexico.gov/

#### INSTRUCTIONS FOR NONTAXABLE TRANSACTION CERTIFICATES

REQUIREMENTS: All New Mexico buyers/lessees who wish to execute Nontaxable Transaction Certificates (NTTCs) are required to register with the Taxation and Revenue Department using FORM ACD-31015, Application for Business Tax Identification Number. Once the registration process has been completed and a New Mexico business tax identification number (CRS number) has been issued for your business you can complete the Application for Nontaxable Transaction Certificates below and submit it to your closest district office.

CAUTION: Fraudulent statements made to obtain certificates, or fraudulent use of certificates received pursuant to this application with intent to evade or defeat the tax may subject the person or business to a fine of not more than ten thousand dollars (\$10,000) or imprisonment for not more than five (5) years or both (Sections 7-1-72 NMSA 1978 and 7-1-73 NMSA 1978).

NTTC DESCRIPTIONS AND AUTHORIZED USES: See reverse for complete descriptions of NTTC types.

- Type 2: for tangibles for resale, lease or re-lease, or for purchase by manufacturer.
- Type 5: for services for resale, for export, or for services performed on manufactured products.
- Type 6: for construction contractor's purchase of construction materials, construction services, construction-related services or for the lease of construction equipment
- Type 9: for purchase of tangible personal property by New Mexico or United States governments, 501(c)(3) organization, or credit unions
- Type 10: for purchase or lease of tangible personal property or services by a person who holds an interest in a qualified generating facility
- Type 11: for purchase of tangible personal property that is consumed in the manufacturing process1
- Type 12: for purchase of utilities that are consumed in the manufacturing process1
- Type 15: for tangible personal property purchased by qualified federal contractors
- Type 16: for sales of property, services and leases to qualified film production companies, accredited foreign missions, and their accredited members
- Type 17: for construction contractor's purchase of construction material that is tangible personal property for a contract with government agencies or certain nonprofit organizations.4
- Type OSB NTTCs are issued to registered New Mexico sellers/lessors to execute to Out-of-State Buyers who are not registered with the Department, but who will resell tangible personal property outside of New Mexico

<sup>1</sup> An alternative application form must be completed to request the Type 11, 12 and 17 NTTCs: Please complete Form RPD-41378, Application for Type 11 or 12 Nontaxable Transaction Certificates or Form RPD-41250, Application for Type 17 Nontaxable Transaction Certificates, both forms are available online at www.tax.newmexico.gov or from your local district office.

Taxpayer Access Point (TAP) for NTTCs: The Department encourages all taxpayers to use TAP to apply for, execute, record, print and request additional NTTCs online. If you know the seller's/lessor's CRS identification number to whom you wish to execute a NTTC, you may immediately execute the NTTC online. When the recipient's CRS identification number is known, there is no limit to executing NTTCs on TAP, but you may request up to five (5) NTTCs to be executed at a later date if the seller's/lessor's name and CRS identification number is not known. You must first record executed NTTC information before applying for additional NTTCs to be executed at a later date. Please note that on the TAP system third parties (e.g., CPAs, accountants, bookkeepers, etc.) cannot request or execute NTTC's on behalf of their clients/employers. For instructions on how to obtain NTTCs online, go to https://tap.state.nm.us.

#### IF YOU DO NOT HAVE INTERNET ACCESS COMPLETE THE APPLICATION FORM BELOW

HOW TO APPLY OR REORDER: If you do not yet have the name and CRS identification number of the vendor to whom you wish to execute the NTTC, complete the application below, providing all information requested. Mail the application to the New Mexico Taxation and Revenue Department, P.O. Box 5557, Santa Fe, New Mexico 87502-5557, or you may deliver it to your local district office.

NOTE: You may reorder additional NTTCs ONLY after your executed NTTCs have been recorded with the Department. To record your executed NTTCs, submit the Nontaxable Transaction Certificate Report or record them online.

The Department will only issue a maximum of five (5) NTTCs to be executed at a later date.

#### APPLICATION FOR NONTAXABLE TRANSACTION CERTIFICATES To be executed at a later date (All information below must be completed) **BUSINESS INFORMATION OF APPLICANT** NM CRS IDENTIFICATION NUMBER OF APPLICANT Name: Mailing **New Application CONTRACTORS LICENSE NUMBER** Address: (if applicable) \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: Reorder Date: Phone No: Type of NTTC Quantity Requested: 5 combined maximum (circle number) Print Name: 2 1 4 5 Authorized 2 1 3 4 5

#### NTTC TYPE DESCRIPTIONS 1

#### **TYPE 2** certificates may be executed:

- 1) By manufacturers for the purchase of tangible personal property that will become an ingredient or component of the manufactured product. (7-9-46)
- 2) For the purchase of tangible personal property or licenses for resale either alone or in combination with other tangible personal property or licenses in the ordinary course of business. (7-9-47)
- 3) By a lessee for the lease of tangible personal property or licenses for subsequent lease in the ordinary course of business, except for the lease of furniture or appliances, the receipts from the rental or lease of which are deductible under Subsection C of Section 7-9-53, the lease of coin-operated machines, and for the purchase of manufactured homes as defined in Section 7-9-3(G). (7-9-50)
- 4) For the purchase of tangible personal property or licenses for subsequent lease in the ordinary course of business, except for the lease of furniture or appliances, the receipts from the rental or lease of which are deductible under Subsection C of Section 7-9-53; the lease of coin-operated machines, and for the purchase of manufactured homes as defined in Section 7-9-3(G). (7-9-49)
- 5) By a person who is licensed to practice medicine, osteopathic medicine, dentistry, podiatry, optometry, chiropractic or professional nursing for the purchase of prosthetic devices. (7-9-73)
- 6) By a common carrier for the purchase of fuel that is to be loaded or used in a locomotive engine. (7-9-110.1 & 7-9-110.3)

#### **TYPE 5** certificates may be executed:

- 1) For the purchase of services for resale if the subsequent sale by the buyer is in the ordinary course of business and the subsequent sale of the service is subject to gross receipts tax or governmental gross receipts tax. (7-9-48)
- 2) For the purchase of services for export when sold to an out-of-state buyer **and** delivery and initial use of the product of the service occurs outside New Mexico. (7-9-57)
- 3) By manufacturers for the purchase of services performed directly upon tangible personal property they are in the business of manufacturing or upon ingredient or component parts thereof. (7-9-75)
- 4) For the purchase of aerospace services for resale if the subsequent sale by the buyer is in the ordinary course of business and the services are sold to a 501(c)(3) organization, other than a national laboratory, or to the United States. (7-9-54.1)

#### **TYPE 6** certificates may be executed by a construction contractor:

- 1) For the purchase of construction materials that will become ingredients or components of a construction project that is either subject to gross receipts tax upon completion or that takes place on Indian tribal territory. (7-9-51) Enter your contractor's license number on the application or submit proof that such a number is not required.<sup>2</sup>
- 2) For the purchase of construction services that are directly contracted for or billed to a construction project that is either subject to gross receipts tax upon completion, upon the sale in the ordinary course of business of the real property upon which the project is constructed or that takes place on Indian tribal territory. (7-9-52) Enter your contractor's license number on the application or submit proof that such a number is not required.<sup>2</sup>
- 3) For the purchase of construction-related services that are directly contracted for or billed to a construction project that is either subject to gross receipts tax upon completion, upon the sale in the ordinary course of business of the real property upon which the project is constructed or that takes place on Indian tribal territory. (7-9-52) Enter your contractor's license number on the application or submit proof that such a number is not required.<sup>2</sup>
- 4) For the lease of construction equipment that is used at the construction location of a construction project that is either subject to gross receipts tax upon completion, upon the sale in the ordinary course of business of the real property upon which the project is constructed or that takes place on Indian tribal territory. (7-9-52.1) Enter your contractor's license number on the application or submit proof that such a number is not require.<sup>2</sup>

- **TYPE 9** certificates may be executed for the purchase of tangible personal property only and may **not** be used for the purchase of services, the purchase of a license or other intangible property, for the lease of property or to purchase construction materials for use in construction projects (except as provided in #2 below). The following may execute Type 9 NTTCs:
- 1) Governmental agencies. (7-9-54 (A))
- 2) 501(c)(3) organizations. (7-9-60 (A)) These organizations register with the Taxation and Revenue Department and submit proof of Internal Revenue Service 501(c)(3) nonprofit determination before they may execute Type 9 NTTCs. Those 501(c)(3) organizations that are organized for the purpose of providing homeownership opportunities to low-income families may purchase construction materials incorporated into these construction projects.
- 3) Federal or state-chartered credit unions. (7-9-54 and 7-9-61.2)
- 4) Indian tribes, nations or pueblos when purchasing tangible personal property for use on Indian reservations or pueblo grants. (7-9-54)
- **TYPE 10** certificates may be executed by a person that holds an interest in a qualified generating facility for the purchase or lease of tangible personal property or services that are eligible generation plant costs. In addition to required reporting on the CRS-1 Form, sellers who accept this certificate for a qualified purchase must also report this deduction on form RPD-41349 Advanced Energy Deduction. (7-9-114)
- **TYPE 11** certificates may be executed by manufactures for the purchase of tangible personal property that will be consumed in the manufacturing process and may not be used to purchase tools or equipment that may be used to create the manufactured product. The Type 11 NTTC is not to be used for the purchase of utilities. (7-9-46B)<sup>3</sup>
- **TYPE 12** certificates may be executed by manufactures for the purchase of utilities that will be consumed in the manufacturing process. (7-9-46B)<sup>3</sup>
- **TYPE 15** certificates may be executed by qualified federal contractors on a contract-by-contract basis. A copy of the federal contract is required. The Taxation and Revenue Department may contact you for additional information.

#### **TYPE 16** certificates may be executed by:

- 1) Qualified film production companies to purchase property, lease property or purchase services. Aqualified production company must submit proof of registration with the New Mexico Film Division of the Economic Development Department. (7-9-86)
- 2) Accredited diplomats or missions for the purchase of property or services or the leasing of property. (7-9-89)

#### **TYPE 17** certificates may be executed by a construction contractor:

- 1) For the purchases of construction material that is tangible personal property for a contract with agencies of the United States and New Mexico governments. (7-9-54 (A)(3))<sup>4</sup>
- 2) For the purchases of construction material that is tangible personal property for a contract with 501(c)(3) organizations. (7-9-60 (B))<sup>4</sup>

**TYPE NTTC-OSB** certificates may be executed by OUT-OF-STATE BUYERS for the purchase of tangible personal property that will be resold or become an ingredient or component of a manufactured product, or for services performed on a manufactured product. **Type NTTC-OSBs must be obtained by the seller.** 

- For more information on the use of different types of NTTCs and special reporting requirements please see publication FYI-204: Nontaxable Transaction Certificates online at <a href="http://www.tax.newmexico.gov/SiteCollectionDocuments/Publications">http://www.tax.newmexico.gov/SiteCollectionDocuments/Publications</a> or request it from your local district tax office.
- Proof that a construction contractor's license is not required includes a detailed written statement explaining the circumstances that exclude the contractor from the jurisdiction or application of New Mexico statutes which provide for construction contractor's licensing and regulation of construction activity.
- <sup>3</sup> Type 11 and 12 NTTCs require the completion of an alternative application, Form RPD-41378, Application for Type 11 or 12 Nontaxable Transaction Certificates, available online at <a href="www.tax.newmexico.gov">www.tax.newmexico.gov</a> or from your local district office.
- 4 Type 17 NTTCs require the completion of an alternative application, Form RPD-41250, Application for Type 17 Nontaxable Transaction Certificates, available online at <a href="https://www.tax.newmexico.gov">www.tax.newmexico.gov</a> or from your local district office.



New York State Department of Taxation and Finance

# **Resale Certificate for Telecommunication Purchases**

| Single-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | use certificate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Bla                                                                         | anket certificat       | е                   | Date issue        | ed          |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|------------------------|---------------------|-------------------|-------------|------------------------|
| Teleco                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Telecommunication services provider information — please type or print                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                             |                        |                     |                   |             |                        |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | FluentStream                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             |                        |                     |                   |             |                        |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | s<br>1624 Market St Ste 226,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PMB 8                                                                       | 2977                   |                     |                   |             |                        |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Denver                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                             |                        |                     |                   | State<br>CO | ZIP code<br>80202-1559 |
| Tilogo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | and the state of t |                                                                             |                        |                     |                   |             |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ommunication services resell<br>eseller, certify that:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | er cerum                                                                    | cation                 |                     |                   |             |                        |
| • Iam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | a reseller of telecommunication artment is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | s services                                                                  | s. My valid sale       | s tax Certificate o | f Authority numbe | r issued    | by the Tax             |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | purchasing telecommunication                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | services                                                                    | —<br>for resale as tel | ecommunication :    | services.         |             |                        |
| • I und                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | derstand I may not use this certi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                             |                        |                     |                   | or resale   | as                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | • If I purchase telecommunications for resale as telecommunication services, but I use the services myself, or do not resell the services as telecommunication services, I must report and pay the unpaid tax directly to New York State.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             |                        |                     |                   |             |                        |
| • I und                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <ul> <li>I understand I will incur tax liabilities, in addition to penalty and interest, for any misuse of this certificate.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                             |                        |                     |                   |             |                        |
| I certify that the above statements are true and correct. I make these statements with the knowledge that knowingly making a false or fraudulent statement on this document is a misdemeanor under Tax Law section 1817 and Penal Law section 210.45, punishable by imprisonment for up to a year and a fine of up to \$10,000 for an individual or \$20,000 for a corporation. I understand that the Tax Department is authorized to investigate the validity of the exemption claimed or the accuracy of any information entered on this form. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |                        |                     |                   |             |                        |
| Please                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | type or print                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                             |                        |                     |                   |             |                        |
| Reseller's name as it appears on the sales tax Certificate of Authority issued by the Tax Department                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Name of owner, partner, or officer of corporation, authorizing the purchase |                        |                     |                   |             |                        |
| Street a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                             |                        | Purchase authorized | r's signature     |             |                        |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State                                                                       | ZIP code               | Purchase authorized | r's title         |             |                        |

Substantial penalties will result from misuse of this certificate.

#### Instructions

#### **General information**

Form CT-120 is used by a reseller of telecommunication services to obtain telecommunication services that are exempt from the excise taxes imposed under Tax Law, Article 9, section 186-e.

This certificate is only for use by a reseller of telecommunication services who:

- is registered as a New York State sales tax vendor;
- has a valid sales tax Certificate of Authority issued by the Tax Department; and
- is making purchases of telecommunication services that will be resold as such to the reseller's customers.

A properly completed certificate must be provided to the provider within 90 days after the provision of the telecommunication services. A certificate of resale is not properly completed if it does not include the reseller's sales tax *Certificate of Authority* number issued by the Tax Department.

This certificate is valid only for purchases made on or after January 1, 2009.

#### To the reseller

Enter all the information requested on page 1. You may mark an  $\boldsymbol{X}$  in the *Blanket certificate* box to cover all telecommunications services purchased for resale as telecommunication services. If you do not mark the *Blanket certificate* box, the certificate will be deemed a *Single-use certificate*.

If you intentionally issue a fraudulent exemption certificate, you will become liable for penalties and interest, in addition to the excise tax initially due. Some penalties that may apply:

- 100% of the tax due
- \$50 for each fraudulent exemption certificate issued

If you do not resell as telecommunication services the telecommunications services purchased with this resale certificate, report and pay the unpaid tax on Form CT-186-E, Telecommunications Tax Return and Utility Services Tax Return.

# To the provider of telecommunication services

If you are providing telecommunication services and you accept a resale certificate, you will be protected from liability for the tax if the certificate is valid. The certificate will be considered valid if it was:

- · accepted in good faith;
- in your possession within 90 days after the provision of the service; and
- properly completed (all entries were made).

A certificate is accepted in good faith when a provider has no knowledge that the resale certificate is false or is fraudulently given, and reasonable care is exercised in the acceptance of the certificate.

You must get a properly completed resale certificate from the reseller no later than 90 days after the provision of the service. When you receive a certificate after the 90 days, both you and the reseller are subject to the burden of proving that the sale was exempt, and additional documentation may be required.

A resale certificate received on time that is not properly completed will be considered satisfactory if the deficiency is corrected within a reasonable period. You must also maintain a method of associating an invoice (or other source document) for an exempt sale made to a reseller with the resale certificate you have on file from that reseller.

#### Invalid exemption certificates

Sales of telecommunication services not supported by valid resale certificates are deemed to be taxable excise tax sales. The burden of proof that the tax was not required to be collected is upon the provider.

#### Retention of exemption certificates

You must keep this certificate for at least three years after the due date of the return to which it relates, or the date the return was filed, if later.

## Need help?



Visit our Web site at www.tax.ny.gov

- · get information and manage your taxes online
- · check for new online services and features



#### Telephone assistance

**Corporation Tax** Information Center: (518) 485-6027 To order forms and publications: (518) 457-5431



Text Telephone (TTY) Hotline (for persons with hearing and speech disabilities using a TTY): If you have access to a TTY, contact us at (518) 485-5082. If you do not own a TTY, check with independent living centers or community action programs to find out where machines are available for public use.



Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, call the information center.

#### Privacy notification

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 5-a, 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(ii).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Manager of Document Management, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone (518) 457-5181.



### Department of Taxation and Finance

New York State and Local Sales and Use Tax

# **Resale Certificate**

ST-120

| Name of seller FluentStream                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Name of purchaser                                                                                                                                                                            |                                                                                                                                                                                                      |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Street address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Street address                                                                                                                                                                               |                                                                                                                                                                                                      |  |  |
| 1624 Market St Ste 226, PMB 82977                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                              |                                                                                                                                                                                                      |  |  |
| City State ZIP code CO 80202-1559                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | City                                                                                                                                                                                         | State ZIP code                                                                                                                                                                                       |  |  |
| Mark an <b>X</b> in the appropriate box: Single-use certificate Temporary vendors must issue a single-use certificate.                                                                                                                                                                                                                                                                                                                                                                                                                                        | Blanket certificate                                                                                                                                                                          |                                                                                                                                                                                                      |  |  |
| To the purchaser: You may not use this certificate to purchase items or services that are for resale, but use or consume the tangible personal property or service directly to New York State. Any misuse of this certificate will result in tangent to the purchaser:                                                                                                                                                                                                                                                                                        | es yourself in New York State, you m                                                                                                                                                         | nust report and pay the unpaid tax                                                                                                                                                                   |  |  |
| Purchaser information – please type or print I am engaged in the business of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | and principally sell                                                                                                                                                                         |                                                                                                                                                                                                      |  |  |
| (Contractors may not use this certificat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | te to purchase materials and supplie                                                                                                                                                         | s.)                                                                                                                                                                                                  |  |  |
| Part 1 – To be completed by registered New York State sales tax I certify that I am:                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | vendors                                                                                                                                                                                      |                                                                                                                                                                                                      |  |  |
| a New York State vendor (including a hotel operator or a dues or a valid <i>Certificate of Authority</i> number is  a New York State temporary vendor. My valid <i>Certificate of Authority</i>                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                              | ·                                                                                                                                                                                                    |  |  |
| <ul> <li>I am purchasing:</li> <li>A. Tangible personal property (other than motor fuel or diesel mo <ul> <li>for resale in its present form or for resale as a physical com</li> <li>for use in performing taxable services where the property services will be performed, or the property will actually be transpersormed performance of the service; or</li> <li>B. A service for resale, including the servicing of tangible personation.</li> <li>C. Restaurant-type food, heated food, or heated drink for resale.</li> </ul> </li> </ul>               | nponent part of tangible personal pro<br>will become a physical component p<br>ransferred to the purchaser of the tax<br>al property held for sale.                                          | part of the property upon which the                                                                                                                                                                  |  |  |
| Part 2 – To be completed by non-New York State purchasers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                              |                                                                                                                                                                                                      |  |  |
| I certify that I am not registered nor am I required to be registered as a tax or value added tax (VAT) in the following state/jurisdiction                                                                                                                                                                                                                                                                                                                                                                                                                   | (If                                                                                                                                                                                          | and have sales tax or VAT registration is not                                                                                                                                                        |  |  |
| I am purchasing:  D. Tangible personal property (other than motor fuel or diesel modulation of the customer or to an unaffiliated fulfillment services provider in N  E. Tangible personal property for resale that will be resold from a                                                                                                                                                                                                                                                                                                                     | ew York State.                                                                                                                                                                               |                                                                                                                                                                                                      |  |  |
| Certification: I certify that the above statements are true, complete, and statements and issue this exemption certificate with the knowledge that do not apply to a transaction or transactions for which I tendered this do any such tax may constitute a felony or other crime under New York S I understand that this document is required to be filed with, and delive Tax Law section 1838 and is deemed a document required to be filed w understand that the Tax Department is authorized to investigate the varinformation entered on this document. | this document provides evidence the ocument and that willfully issuing this tate Law, punishable by a substantiared to, the vendor as agent for the Tith the Tax Department for the purpose. | at state and local sales or use taxes<br>s document with the intent to evade<br>al fine and a possible jail sentence.<br>Fax Department for the purposes of<br>se of prosecution of offenses. I also |  |  |
| Type or print name and title of owner, partner, or authorized person of purchaser                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                              |                                                                                                                                                                                                      |  |  |
| Signature of owner, partner, or authorized person of purchaser                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                              | Date prepared                                                                                                                                                                                        |  |  |

#### Instructions

**New:** Effective June 1, 2018, use box C in Part 1 to purchase restaurant-type food or drink for resale. For more information, see <u>TSB-M-18(1)S</u>, Summary of Sales and Use Tax Changes Enacted in the 2018-2019 Budget Bill.

Form ST-120, Resale Certificate, is a sales tax exemption certificate.

#### This certificate is only for use by a purchaser who:

- A is registered as a New York State sales tax vendor and has a valid
   Certificate of Authority issued by the Tax Department and is making
   purchases of tangible personal property (other than motor fuel or
   diesel motor fuel) or services that will be resold or transferred to the
   purchaser's customers, or
- B is not required to be registered with the New York State Tax Department;
  - is registered with another state, the District of Columbia, a province of Canada, or other country, or is located in a state, province, or country which does not require sellers to register for sales tax or VAT purposes; and
  - is purchasing items for resale that will be either:
    - delivered by the seller to the purchaser's customer or to an unaffiliated fulfillment service provider located in New York State, or
  - delivered to the purchaser in New York State, but resold from a business located outside the state.

**Note:** For purposes of 1) above, delivery by the seller includes delivery in the seller's own vehicle or by common carrier, regardless of who arranges for the transportation.

# Non-New York State purchasers: registration requirements

If, among other things, a purchaser has any place of business or salespeople in New York State, or owns or leases tangible personal property in the State, the purchaser is required to be registered for New York State sales tax.

A business must register (unless the business can rebut the statutory presumption as described in TSB-M-08(3.1)S, Additional Information on How Sellers May Rebut the New Presumption Applicable to the Definition of Sales Tax Vendor as Described in TSB-M-08(3)S) for New York State sales tax if the business enters into agreements with residents of New York State under which the residents receive consideration for referring potential customers to the business by links on a Web site or otherwise, and the value of the sales in New York State made by the business through those agreements totals more than \$10,000 in the preceding four sales tax quarters. See TSB-M-08(3)S, New Presumption Applicable to Definition of Sales Tax Vendor, and TSB-M-08(3.1)S.

Also see TSB-M-09(3)S, *Definition of a Sales Tax Vendor is Expanded to Include Out-of-State Sellers with Related Businesses in New York State*, for information on sales tax registration requirements for out-of-state businesses with New York affiliates.

A purchaser who is not otherwise required to be registered for New York State sales tax may purchase fulfillment services from an **unaffiliated** New York fulfillment service provider and have its tangible personal property located on the premises of the provider without being required to be registered for sales tax in New York State.

If you need help determining if you are required to register because you engage in activity in New York State, contact the department (see *Need help?*).

If you meet the registration requirements and engage in business activities in New York State without possessing a valid *Certificate of Authority*, you will be subject to penalty of up to \$500 for the first day on which you make a sale or purchase, and up to \$200 for each additional day, up to a maximum of \$10,000.

#### Limitations on use

Contractors cannot use this certificate. They must either:

- issue Form ST-120.1, Contractor Exempt Purchase Certificate, if the tangible personal property being purchased qualifies for exemption as specified by the certificate, or
- · issue Form AU-297, Direct Payment Permit, or
- · pay sales tax at the time of purchase.

Contractors are entitled to a refund or credit of sales tax paid on materials used in repairing, servicing or maintaining real property, if the materials are transferred to the purchaser of the taxable service in conjunction with the performance of the service. For additional information, see Publication 862,

Sales and Use Tax Classifications of Capital Improvements and Repairs to Real Property.

#### To the Purchaser

Enter all the information requested on the front of this form.

You may mark an **X** in the *Blanket certificate* box to cover all purchases of the same general type of property or service purchased for resale. If you do not mark an **X** in the *Blanket certificate* box, the certificate will be deemed a *Single-use certificate*. Temporary vendors may not issue a blanket certificate. A *temporary vendor* is a vendor (other than a show or entertainment vendor), who, in no more than two consecutive quarters in any 12-month period, makes sales of tangible personal property or services that are subject to tax.

This certificate does not exempt prepaid sales tax on cigarettes. This certificate may not be used to purchase motor fuel or diesel motor fuel.

#### Misuse of this certificate

Misuse of this exemption certificate may subject you to serious civil and criminal sanctions in addition to the payment of any tax and interest due. These include:

- A penalty equal to 100% of the tax due;
- · A \$50 penalty for each fraudulent exemption certificate issued;
- Criminal felony prosecution, punishable by a substantial fine and a possible jail sentence; and
- Revocation of your Certificate of Authority, if you are required to be registered as a vendor. See TSB-M-09(17)S, Amendments that Encourage Compliance with the Tax Law and Enhance the Tax Department's Enforcement Ability, for more information.

#### To the Seller

If you are a New York State registered vendor and accept an exemption document, you will be protected from liability for the tax, if the certificate is valid.

The certificate will be considered valid if it was:

- · accepted in good faith;
- in the vendor's possession within 90 days of the transaction; and
- · properly completed (all required entries were made).

A certificate is accepted in good faith when a seller has no knowledge that the exemption certificate is false or is fraudulently given, and reasonable ordinary due care is exercised in the acceptance of the certificate.

You must get a properly completed exemption certificate from your customer no later than 90 days after the delivery of the property or the performance of the service. When you receive a certificate after the 90 days, both you and the purchaser are subject to the burden of proving that the sale was exempt, and additional documentation may be required. An exemption certificate received on time that is not properly completed will be considered satisfactory if the deficiency is corrected within a reasonable period. You must also maintain a method of associating an invoice (or other source document) for an exempt sale made to a customer with the exemption certificate you have on file from that customer.

**Invalid exemption certificates –** Sales transactions which are not supported by valid exemption certificates are deemed to be taxable retail sales. The burden of proof that the tax was not required to be collected is upon the seller.

Retention of exemption certificates - You must keep this certificate for at least three years after the due date of the return to which it relates, or the date the return was filed, if later.

## Need help?



Visit our website at **www.tax.ny.gov** 

- · get information and manage your taxes online
- · check for new online services and features

#### Telephone assistance

Sales Tax Information Center:

518-485-2889

To order forms and publications:

518-457-5431

Text Telephone (TTY) or TDD equipment users

Dial 7-1-1 for the New York Relay Service



# PENNSYLVANIA GROSS RECEIPTS TAX EXEMPTION FORM ANY MODIFICATION TO THIS CERTIFICATE RENDERS IT NULL AND VOID

### The Undersigned is:

Subject to the Pennsylvania Gross Receipts Tax and is reselling the services purchased from the Seller and is registered with the State of Pennsylvania for gross receipt tax compliance.

| Federal ID # (FEIN) As filed with the PA DOR:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| PA Gross Receipts Tax ID #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |    |
| In the event this certificate is either disallowed on audit or the tax authority otherwise disall any sale for resale exemption claimed above and imposes the above tax on Seller, I agree to indemnify Seller for any gross receipts tax that would have been surcharged if no sale for resale exemption were claimed by Customer plus any applicable penalty and interest. The Customer has the sole responsibility to determine the proper use of this certificate under applicable laws in each state, as these may change from time to time. |    |
| ISSUED TO SELLER: FluentStream                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |
| BY EXECUTING THIS CERTIFICATION, CUSTOMER CERTIFIES UNDER PENALTY OF PERJUTHAT CUSTOMER IS SOLELY RESPONSIBLE FOR THE COLLECTION AND REMITTANCE OF ALL APPLICABLE TAXES, FEES, AND SURCHARGES ASSOCIATED WITH THE SERVICES PROVIDED TO CUSTOMER BY BANDWIDTH, AS IDENTIFIED FOR BILLING PURPOSES BY TACCOUNT NUMBERS LISTED BELOW.                                                                                                                                                                                                                | •  |
| Customer Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |
| Customer Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    |
| Customer's Authorized Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |
| (Owner, Partner, Corporate Officer, or Authorized Representative) Title Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |
| Billing Account Number and Provisioning Account Numbers to which this Certification appli<br>(BLANK or "ALL" not sufficient; account numbers are located on your invoice):                                                                                                                                                                                                                                                                                                                                                                        | es |
| Billing Account Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    |
| Provisioning Account Number(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |



# Regulatory Fee Surcharge Resale Certificate (PUC Fees, TRS, and DEAF Surcharges)

This is to certify that the services provided by the named business listed above are being resold to end-users by the company listed below. The undersigned certifies that all applicable Regulatory Fees and Surcharges are being billed to the end-user. The undersigned agrees to notify the provider of services in writing when the tax exemption changes or ceases to exist. The undersigned further certifies that the exemption claimed is allowable under applicable laws.

State

Missouri

Montana

Nebraska Nevada Tax ID or Registration #

Check Applicable states and provide each Telecommunications Regulatory Tax I.D. or registration number.

Tax ID or Registration #

State

FluentStream - Confidential Information

Alabama

Alaska

Arizona

**Arkansas** 



## Eligible State Universal Service Fund Surcharge Exemption Certificate

Check applicable states and provide each state registration number adjacent to applicable states.

| State                | USF Registration # | State          | USF Registration # |
|----------------------|--------------------|----------------|--------------------|
| Alaska               |                    | Missouri       |                    |
| Arizona              |                    | Nebraska       |                    |
| Arkansas             |                    | Nevada         |                    |
| Colorado             |                    | New Mexico     |                    |
| District of Columbia |                    | Oklahoma       |                    |
| Georgia              |                    | Oregon         |                    |
| Idaho                |                    | South Carolina |                    |
| Illinois             |                    | Texas          |                    |
| Indiana              |                    | Utah           |                    |
| Kansas               |                    | Vermont        |                    |
| Maine                |                    | Wisconsin      |                    |
| Maryland             |                    | Wyoming        |                    |
| Michigan             |                    |                |                    |

Is purchasing telecommunications and/or Voice over Internet Protocol ("VoIP") services for resale to end-users in the above checked State(s) and accepts responsibility for remitting universal service fund surcharges on these services, where applicable, directly to the State(s).

Is purchasing telecommunications services and is a state, county, municipal or other government agency; or is a public school district or; is a public institution of higher learning.

I further certify that if any telecommunications and/or VoIP service so purchased tax-free is used or consumed by Customer as to make it subject to tax, Customer will pay the tax directly to the proper taxing authority. The Customer has the sole responsibility to determine the proper use of this certificate under applicable laws in each state, as these may change from time to time.

| Billing Account Number and Provisioning Account Numbers to wl<br>"ALL" not sufficient; account numbers are located on your invoic<br>Billing Account Number:<br>Provisioning Account Number(s)                                                                             |                      | on applies (BLANK or |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|
| BY EXECUTING THIS CERTIFICATION, CUSTOMER CERTIFIES UNDER PENALTY RESPONSIBLE FOR THE COLLECTION AND REMITTANCE OF ALL APPLICABLE. ASSOCIATED WITH THE SERVICES PROVIDED TO CUSTOMER BY FLUENTSTRE, BY THE ACCOUNT NUMBERS LISTED BELOW.  Customer's Authorized Signature: | TAXES, FEES, AND SUR | CHARGES              |
| (Owner, Partner, Corporate Officer, or Authorized Representative)                                                                                                                                                                                                          | Title                | Date                 |
| Customer Name:Federal Tax ID Number:                                                                                                                                                                                                                                       |                      |                      |
| Customer Address:                                                                                                                                                                                                                                                          |                      |                      |

### Form CT-10

# Commonwealth of Virginia Communications Sales and Use Tax Certificate of Exemption

(For use by a purchaser who purchases communications services for resale, an Internet service provider, the Commonwealth of Virginia, any political subdivision of the Commonwealth, and the federal government and any agency or instrumentality of the federal government.)

The Virginia Communications Sales and Use Tax does not apply to (1) a purchaser who purchases communication services for resale; (2) a provider of Internet access service who purchases communications services to provide Internet access; and (3) purchases of communications services by the Commonwealth of Virginia, any political subdivision of the Commonwealth, and the federal government and any agency or instrumentality of the federal government.

Please check the proper box below to indicate the exemption claimed:

| □ 1.              | Purchases of communications services                                                                                             | s for resale.                                         |                                         |                                                                                 |  |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------|--|
| □ 2.              | Purchases of communications services to provide Internet access.                                                                 |                                                       |                                         |                                                                                 |  |
| □ 3.              | Purchases of communications service of the Commonwealth, and the feder government.                                               | es by the Commonweal al government and any a          | th of Virginia, an<br>agency or instrum | y political subdivision<br>nentality of the federal                             |  |
| То:               |                                                                                                                                  |                                                       |                                         |                                                                                 |  |
| Provider's        | entStream                                                                                                                        |                                                       |                                         |                                                                                 |  |
|                   | s Street Address or P. O. Box                                                                                                    |                                                       |                                         |                                                                                 |  |
| City Den          | 4 Market St Ste 226, PMB 82977                                                                                                   |                                                       | State                                   | ZIP <b>80202-1559</b>                                                           |  |
| Purcha            | aser's Information                                                                                                               |                                                       |                                         |                                                                                 |  |
| Purchaser         | r's Name                                                                                                                         |                                                       |                                         | Virginia Communications Sales and Use Tax<br>Certificate of Registration Number |  |
| Trading As        | s                                                                                                                                |                                                       |                                         |                                                                                 |  |
| Purchaser         | r's Street Address or P. O. Box                                                                                                  |                                                       |                                         |                                                                                 |  |
| City              |                                                                                                                                  |                                                       | State                                   | ZIP                                                                             |  |
| use ta<br>this ce | ndersigned purchaser hereby certifies to a communications services purchase ertificate shall remain in effect until revolutions. | ed from the above named<br>sed in writing by the Depa | l provider on and<br>rtment of Taxation | after this date and that<br>า.                                                  |  |
|                   | y that I am authorized to sign this certificuse and correct, made in good faith, purs                                            |                                                       |                                         |                                                                                 |  |
| By*:              |                                                                                                                                  | Title:                                                |                                         | Date:                                                                           |  |
| * If the F        | Purchaser is a corporation, an officer of the corporation artner must sign; if an unincorporated association, a me               | or other person authorized to sign                    | on behalf of the corpora                | ation must sign; if a partnership,                                              |  |

Information for the Provider - A provider is required to have on file only one Certificate of Exemption properly

executed by the purchaser who is buying services under this Certificate.