

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

Do not send this form to the Streamlined Sales Tax Governing Board or the NC Department of Revenue. Send the completed form to the seller and keep a copy for your records. This is a multi-state form for use in the states listed. Not all states allow all exemptions listed on this form. The purchaser is responsible for ensuring it is eligible for the exemption in the state it is claiming the tax exemption from. Check with the state for exemption information and requirements. **The purchaser is liable for any tax and interest, and possible civil and criminal penalties imposed by the state, if the purchaser is not eligible to claim this exemption.**

**1** ☐ Check if this certificate is for a single purchase. Enter the related invoice/purchase order # \_\_\_\_\_

**2** A. Purchaser's name  
**POWER TRANSMISSION SERVICES INC**

B. Business address  
**2100 WEST FRONT ST** City **STATESVILLE** State **NC** Country **US** Zip code **28677**

C. Name of seller from whom you are purchasing, leasing, or renting \_\_\_\_\_

D. Seller's address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip code \_\_\_\_\_

**3** Purchaser's type of business. Check the number that describes your business.

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

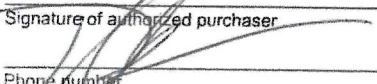
**4** Reason for exemption. Check the letter that identifies the reason for the exemption.

- |  |  |
|--|--|
| <input type="checkbox"/> A Federal government (department) _____ | <input type="checkbox"/> H Agricultural production # _____             |
| <input type="checkbox"/> B State government (name) _____         | <input type="checkbox"/> I Industrial production/manufacturing # _____ |
| <input type="checkbox"/> C Tribal government (name) _____        | <input type="checkbox"/> J Direct pay permit # _____                   |
| <input type="checkbox"/> D Foreign diplomat # _____              | <input type="checkbox"/> K Direct mail # _____                         |
| <input checked="" type="checkbox"/> G Resale # <b>004916330</b>  | <input type="checkbox"/> L Other (explain) _____                       |

**5** Identification (ID) number. Enter the ID number as required in the instructions for each state in which you are claiming an exemption. If claiming multiple exemption reasons, enter the letters identifying each reason as listed in Section 4 for each state.

ID Number	State/Country	Reason	ID Number	State/Country	Reason
AR			NV		
GA			OH		
IA			OK		
IN			RI		
KS			SD		
KY			TN		
MI			UT		
MN			VT		
NC			WA		
ND			WI		
NE			WV		
NJ			WY		

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

Signature of authorized purchaser 	Print name here <b>DEVIN SLADE</b>	Title <b>PRESIDENT</b>	Date <b>12-12-2025</b>
Phone number <b>(704) 881-0900</b>	E-mail address _____		