

# **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

State

Country

Zip code

STATESVILLE

NC

US

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.

- 01 Accommodation and food services
- 02 Agricultural, forestry, fishing, and hunting
- 03 Construction
- 04 Finance and insurance
- 05 Information, publishing, and communications
- 06 Manufacturing
- 07 Mining
- 08 Real estate
- 09 Rental and leasing
- 10 Retail trade

- 11 Transportation and warehousing
- 12 Utilities
- 13 Wholesale trade
- 14 Business services
- 15 Professional services
- 16 Education and health-care services
- 17 Nonprofit organization
- 18 Government
- 19 Not a business
- 20 Other (explain) \_\_\_\_\_

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

- A Federal government (department) \_\_\_\_\_
- B State [REDACTED] government (name) \_\_\_\_\_
- C Tribal government (name) \_\_\_\_\_
- D Foreign diplomat # \_\_\_\_\_

- H Agricultural production # \_\_\_\_\_
- I Industrial production/manufacturing # \_\_\_\_\_
- J Direct pay permit # \_\_\_\_\_
- K Direct mail # \_\_\_\_\_
- L Other (explain) \_\_\_\_\_

G Resale # 004916330

**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

Title

Date

DEVIN SLADE

PRESIDENT

12-12-2025

Phone number

(704) 881-0900

E-mail address