

This is a multi-state form. Not all states allow all exemptions listed on this form. Purchasers are responsible for knowing if they qualify to claim exemption from tax in the state that would otherwise be due tax on this sale. The seller may be required to provide this exemption certificate (or the data elements required on the form) to a state that would otherwise be due tax on this sale.

The purchaser will be held liable for any tax and interest, and possibly civil and criminal penalties imposed by the member state, if the purchaser is not eligible to claim this exemption. A seller may not accept a certificate of exemption for an entity-based exemption on a sale made at a location operated by the seller within the designated state if the state does not allow such an entity-based exemption.

1.  Check if you are attaching the Multi-state Supplemental form.  
 **WV** If not, enter the two-letter postal abbreviation for the state under whose laws you are claiming exemption.

2.  Check if this certificate is for a single purchase and enter the related invoice/purchase order # \_\_\_\_\_.

3. **Please print**

Name of purchaser Lewis County Board of Education

Business Address 239 Court Ave City Weston State WV Zip Code 26452

Purchaser's Tax ID Number 55-6000339 State of Issue WV Country of Issue USA

|                             |                                   |  |                             |
|-----------------------------|-----------------------------------|--|-----------------------------|
| If no Tax ID Number         | FEIN                              | Driver's License Number/State Issued ID Number | Foreign diplomat number     |
| Enter one of the following: | <u>                    </u>       | <u>                    </u>                    | <u>                    </u> |
|                             | State of Issue: <u>          </u> | Number <u>          </u>                       |                             |

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

Seller's address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

4. Type of business. Circle the number that describes your business
- |   |   |
|---|---|
| 01 Accommodation and food services            | 11 Transportation and warehousing                       |
| 02 Agricultural, forestry, fishing, hunting   | 12 Utilities  |
| 03 Construction                               | 13 Wholesale trade                                      |
| 04 Finance and insurance                      | 14 Business services                                    |
| 05 Information, publishing and communications | 15 Professional services                                |
| 06 Manufacturing                              | 16 Education and health-care services                   |
| 07 Mining                                     | 17 Nonprofit organization                               |
| 08 Real estate                                | <b>18</b> Government                                    |
| 09 Rental and leasing                         | 19 Not a business                                       |
| 10 Retail trade                               | <b>20</b> Other (explain) <u>Public School District</u> |

5. Reason for exemption. Circle the letter that identifies the reason for the exemption.
- |   |   |
|---|---|
| A Federal government (department) _____                     | H Agricultural production # _____             |
| <b>B</b> State or local government (name) <u>Lewis CBOE</u> | I Industrial production/manufacturing # _____ |
| C Tribal government (name) _____                            | J Direct pay permit # _____                   |
| D Foreign diplomat # _____                                  | K Direct mail # _____                         |
| E Charitable organization # _____                           | L Other (explain) _____                       |
| F Religious or educational organization # _____             |   |
| G Resale # _____  |   |

6. Sign here. 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            |
| <u>Monika K.M. Weldon</u>         | <u>Monika K.M. Weldon</u> | <u>Treasurer CSBO</u> | <u>01-14-19</u> |