

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.
 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			
Business Address	City	State	Zip Code
Purchaser's Tax ID Number	State of Issue	Country of Issue	
If no Tax ID Number Enter one of the following:	FEIN	Driver's License Number/State Issued ID Number	Foreign diplomat number
	State of Issue:	Number	
Name of seller from whom you are purchasing, leasing or renting			
Mega Depot, LLC			
Seller's address	City	State	Zip code
145 Pine Haven Shores, Suite 1000-2292	Shelburne	VT	05482

4. Type of business. Circle the number that describes your business

- | | |
|---|---|
| <p>01 Accommodation and food services
 02 Agricultural, forestry, fishing, 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</p> | <p>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 (<i>explain</i>) _____</p> |
|---|---|

5. Reason for exemption. Circle the letter that identifies the reason for the exemption.

- | | |
|--|--|
| <p>A Federal government (<i>department</i>) _____
 B State or local government (<i>name</i>) _____
 C Tribal government (<i>name</i>) _____
 D Foreign diplomat # _____
 E Charitable organization # _____
 F Religious or educational organization # _____
 G Resale # _____</p> | <p>H Agricultural production # _____
 I Industrial production/manufacturing # _____
 J Direct pay permit # _____
 K Direct mail # _____
 L Other (<i>explain</i>) _____</p> |
|--|--|

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
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Name of Purchaser

STATE	Reason for Exemption	Identification Number (If Required)
AR		
GA		
IA		
IN		
KS		
KY		
MI		
MN		
NC		
ND		
NE		
NJ		
NV		
OH		
OK		
RI		
SD		
TN		
UT		
VT		
WA		
WI		
WV		

SSUTA Direct Mail provisions are not in effect for Tennessee.

The following nonmember states will accept this certificate for exemption claims that are valid in their respective state. SSUTA Direct Mail provisions do not apply in these states.

WY		
XX		
XX		
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XX		