Streamlined Sales Tax Governing Board, Inc.

Streamlined Sales Tax Certificate of Exemption

Do not send this form to the Streamlined Sales Tax Governing Board. 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. Print or type

A. Purchaser's name: Slingshot LLC

B. Business address	City	State	Country	Zip code
1500 S Western Ave	Marion	IN	USA	46953

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 best describes your business.

- ☐ 01 Accommodation and food services
- ☐ 02 Agriculture, 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
- ☐ 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 or local government (*Name*) * _____
- ☐ C Tribal government (*Name*) * _____
- ☐ D Foreign diplomat # _____
- ☐ E Charitable organization *
- ☐ F Religious organization *
- ☑ G Resale *
- ☐ H Agricultural Production *
- ☐ I Industrial production/manufacturing *
- ☐ J Direct pay permit *
- ☐ K Direct Mail *
- ☐ L Other (*Explain*) _____
- ☐ M Educational Organization *

* see Instructions on back (page 2)

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	90885586-001	AR	G	NV	27561178	NV	G
GA				OH	76900955	OH	G
IA	157058887	IA	G	OK	STS-10116907-05	OK	G
IN	0143611500	IN	G	RI			
KS				SD			
KY				TN	106058731	TN	G
MI	45-4045835	MI	G	UT			
MN	9473387	MN	G	VT			
NC				WA	605-503-684	WA	G
ND				WI	456-1031491740-04	WI	G
NE				WV			
NJ				WY			

6. *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	Title	Date
	Derek Myers	CFO	09/15/2022