Please fax to 614-659-1679 or email to SalesTax-NA@covetrus.com

Account #_____

Streamlined Sales Tax Governing Board, Inc.

Streamlined Sales and Use Tax Agreement

Certificate of Exemption

100 Majestic Drive, Suite 400 • Westby, WI 54667

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. 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: Foreign diplomat number:

Driver's License Number/State Issued ID Number: State of Issue:

Name of seller from whom you are purchasing, leasing or renting: Butler Animal Health Supply, LLC DBA Covetrus North America

Seller's address: 400 Metro Place North City: Dublin State: Ohio Zip code: 43017

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	**18**	Government
09	Rental and leasing	**19**	Not a business
10	Retail trade	**20**	Other (*explain*)_____

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

A	Federal government *(department)*_____	**H**	Agricultural production #_____
B	State or local government *(name)*_____	**I**	Industrial production/manufacturing #_____
C	Tribal government	**J**	Direct pay permit #_____
D	Foreign diplomat #	**K**	Direct mail #_____
E	Charitable organization #_____	**L**	Other *(explain)*_____
F	Religious organization #_____	**M**	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**

Account #_____

Please check the items that you do not want to be taxed when purchased from Covetrus North America.

Companion Animal

- ☐ Pet Supplies (ex. toys, collars, leashes)
- ☐ Prescription Diets
- ☐ Non-Prescription Diets
- ☐ E-Collars
- ☐ Vitamins/Supplements/Nutraceuticals
- ☐ Non Prescription Flea & Tick (ex. Frontline)
- ☐ Insulin Syringes
- ☐ Non Prescription Dispensed Drugs
- ☐ Prescription Dispensed Drugs
- ☐ Non Prescription Injectable Drugs
- ☐ Prescription Injectable Drugs
- ☐ Vaccines
- ☐ Prescription Flea & Tick (ex. Comfortis)
- ☐ Diabetic Supplies (ex. meters, test strips, etc…)

Large Animal

- ☐ Non Prescription Dispensed Drugs
- ☐ Prescription Dispensed Drugs
- ☐ Non Prescription Injectable Drugs
- ☐ Prescription Injectable Drugs
- ☐ Vaccines

Equine

- ☐ Non Prescription Dispensed Drugs
- ☐ Prescription Dispensed Drugs
- ☐ Non Prescription Injectable Drugs
- ☐ Prescription Injectable Drugs
- ☐ Vaccines

General

- ☐ Syringes & Needles
- ☐ Dispensing Supplies (ex. bottle, caps, labels)
- ☐ Clinic Supplies (ex. cleaners, gloves, scrubs)
- ☐ Tools
- ☐ Administration Devices (ex. IV sets, catheters)
- ☐ Medical Supplies (ex. gauze, tape, bandages)
- ☐ Diagnostic Kits
- ☐ Equipment

I understand that items that I use or administer in my practice are considered consumed by me and tax is due at the time of purchase. I certify that I may resell in their same form any/all items that I have indicated above or cannot, at the time of purchase, identify if I will use, use in an exempt manner, or resell the products I purchase. Accordingly, please do not tax me on any items indicated. If any additional tax is due, I will pay the tax directly to the jurisdiction or contact Covetrus North America to bill me the additional tax.

Signature_____ Date_____