

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 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
	UNIVERSITY OF NORTH CAROLINA SCHOOL OF THE ARTS
11	B. Business address City State Country Zip code
print	1533 S MAIN STREET WINSTON SALE NC ✓ USA 27127
200	C. Name of seller from whom you are purchasing, leasing, or renting
2	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 12 Utilities
	□ 03 Construction □ 13 Wholesale trade □ 04 Finance and insurance □ 14 Business services
	Use the finance and insurance and insurance use of the finance use of t
	□ 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
4	10 Retail trade 20 Other (explain)
+	Reason for exemption. Check the letter that identifies the reason for the exemption. A Federal government (department) H Agricultural production #
	C Tribal government (name)
	D Foreign diplomat #
	L Other (explain)
	G Resale #
5	Identification (ID) number. Enter the ID number as required in the instructions for each state in which you are claiming a
	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 Reaso
	AR
	GA OH
	IA OK
	IN
	KS
	KY TN
	MI
	MN VT
	ND
	NE
•	NJ WY
5	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 MELANIE NUCKOLS AVC 8/25/25
	Phone number E-mail address
	(336) 770-3301 NUCKOLSM@UNCSA.EDU