IDAHO
State Tax Commission

Form ST-101
Sales Tax Resale or Exemption Certificate

(Contractors improving real property, use Form ST-103C)

Buyer's name			Seller's name		
McCall Industrial Supply Co.					
Address			**Address**		
6372 W. Contractors					
City	**State**	**ZIP Code**	**City**	**State**	**ZIP Code**
Boise	Id	83709			

Seller: All purchases might not qualify for the exemption claimed. Refer to the instructions for information about each exemption, and items on which you should collect tax.

Buyer: Complete the section that applies to you. If the goods you're buying don't qualify for the exemption you're claiming, you will be responsible for the tax due. Refer to the instructions for information about each exemption, and items on which you should pay tax.

1. Buying for Resale. I'll sell, rent, or lease the goods I'm buying in the regular course of my business.

a. Describe the primary nature of your business: Industrial Sales *(required)*

Describe the products you sell, rent, or lease: Pipe Valves and Fittings *(required)*

b. Check the box that applies:

- [X] Idaho registered retailer; seller's permit number 000901936-S *(required - see instructions)*
- [ ] Wholesaler only; no retail sales
- [ ] Retailer selling only through a marketplace facilitator
- [ ] Out-of-state retailer; no Idaho business presence
- [ ] Idaho registered prepaid wireless service seller; E911 fee permit number _____ *(required - see instructions)*

2. Producer Exemptions (see instructions). Describe the products you produce. _____ *(required)*

I'll put the goods that I'm buying to an exempt use in the business selected below:

- [ ] Broadcasting
- [ ] Logging
- [ ] Publishing free newspapers

Production Exemption (check all that apply):

- [ ] Fabricating
- [ ] Farming
- [ ] Hunting or fishing operation
- [ ] Manufacturing
- [ ] Mining
- [ ] Processing
- [ ] Ranching

3. Exempt Buyers. Purchases made directly by the entities listed below are exempt. Check the box that applies.

- [ ] Advocates for Survivors of Domestic Violence and Sexual Assault, Inc.
- [ ] American Indian tribes
- [ ] American Red Cross
- [ ] Amtrak
- [ ] Blind Services Foundation, Inc.
- [ ] Canal companies (*nonprofit only*)
- [ ] Centers for independent living
- [ ] Children's free dental service clinics (*nonprofit only*)
- [ ] Credit unions (state/federal)
- [ ] Emergency medical services (EMS) agencies (*nonprofit only*)
- [ ] Forest protective associations
- [ ] Government (U.S./Idaho)
- [ ] Hospitals (*nonprofit only*)
- [ ] Idaho Foodbank Warehouse, Inc.
- [ ] Museums (*nonprofit only*)
- [ ] Qualifying health organizations (*see instructions for list*)
- [ ] Schools (*nonprofit only*)
- [ ] Senior citizen centers (*nonprofit only*)
- [ ] Volunteer fire departments (*nonprofit only*)

4. Other Exempt Goods and Buyers (see instructions).

- [ ] Aerial tramway component or snowmaking/grooming equipment
- [ ] American Indian buyer holding Tribal ID No. _____
  You can't use this form for vehicle or vessel purchases (see instructions)
- [ ] Certified data center
- [ ] Church buying goods for food bank or to sell meals to members
- [ ] Food bank or soup kitchen buying food or food service goods
- [ ] Heating fuels
- [ ] Irrigation equipment and supplies used for agriculture
- [ ] Livestock sold at a public livestock market
- [ ] Medical items that qualify (*see instructions*)
- [ ] Pollution control items
- [ ] Qualified semiconductor project
- [ ] Research and development goods
- [ ] Other goods or entity exempt by law under the following statute _____ *(required)*

By signing this form, I certify that the statements I made on this form are true and correct. I know that submitting false information can result in criminal and civil penalties.

Buyer's signature	Buyer's name (please print)	Title
CMccall	Colleen McCall	Member
Buyer's federal EIN or driver's license number and state of issue		**Date**
82-0522912		01-03-2024

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