



ALABAMA DEPARTMENT OF REVENUE
SALES, USE & BUSINESS TAX DIVISION

ST: EX-A1
9/04

Application for Sales Tax Certificate of Exemption

An Alabama Sales Tax Certificate of Exemption shall be used by persons, firms, or corporations coming under the provisions of the Alabama Sales Tax Act who are not required to have a Sales Tax License.

PLEASE COMPLETE EACH LINE APPLICABLE TO YOUR BUSINESS. A SALES TAX CERTIFICATE OF EXEMPTION WILL NOT BE ISSUED UNTIL THIS APPLICATION IS PROPERLY COMPLETED.

1. Federal Employer Identification Number (FEIN) _____ 2. Business Telephone (_____) _____

3. _____
NAME OF PERSON(S), FIRM, CORPORATION, ASSOCIATION, CO-PARTNERSHIP MAKING APPLICATION.

GIVE TRADE NAME _____

4. Mailing address of home office _____
P. O. BOX OR STREET NO. OR R.F.D.

CITY _____ COUNTY _____ STATE _____ ZIP CODE _____

5. Number of businesses in Alabama _____ Location _____
CITY _____ STREET AND NO. OF HWY. _____ COUNTY _____

Location must be exact street number or, if on highway or rural route, give details of location. If more than one location, please attach schedule. _____

6. Kind and Class of Business _____
WHOLESALE, MANUFACTURER, ETC.

7. Type Product Manufactured and/or sold _____

8. REASON EXEMPTION CLAIMED _____

9. Form of ownership: [] Individual [] Partnership [] Corporation
[] Multi member LLC [] Single member LLC [] Other _____

If applicant is a corporation, a copy of the certified certificate of incorporation, amended certificate of incorporation, certificate of authority, or articles of incorporation should be attached. If the applicant is a limited liability company or a limited liability partnership, a copy of the certified articles of organization should be attached.

10. Ownership information:
Corporations - give name, title, home address, and Social Security Number of each officer.
Partnerships/LLP's - give name, home address, and Social Security Number or FEIN of each partner.
Sole Proprietorships - give name, home address, and Social Security Number of owner.
LLC - give name, home address, and Social Security Number or FEIN of each member.

Signed _____ Signed _____

Title _____ Date _____ Title _____ Date _____

MAIL ORIGINAL AND ONE COPY OF APPLICATION TO THE TAXPAYER SERVICE CENTER LISTED ON THE REVERSE SIDE THAT SERVES THE COUNTY IN WHICH YOU ARE LOCATED.

REVENUE DEPARTMENT USE ONLY

Examiner's Remarks _____

Examiner _____ Date _____

Supervisor's Recommendation _____

Supervisor _____ Date _____

Taxpayer Service Centers

- **AUBURN-OPELIKA**

3300 Skyway Drive (Zip 36830)
P.O. Box 2929
Auburn, AL 36831-2929
Telephone: (334) 887-9549

Counties:

Chambers	Lee	Talladega
Clay	Randolph	Tallapoosa
Coosa	Russell	

- **BIRMINGHAM**

2024 3rd Avenue North (Zip 35203)
P.O. Box 10128
Birmingham, AL 35202
Telephone: (205) 323-0012

Counties:

Jefferson	Shelby	
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- **DOTHAN**

344 North Oates Street (Zip 36303)
P.O. Box 5739
Dothan, AL 36302-5739
Telephone: (334) 793-5803

Counties:

Barbour	Dale	Henry
Coffee	Geneva	Houston
Covington		

- **GADSDEN**

235 College Street (Zip 35901)
P.O. Box 1190
Gadsden, AL 35902-1190
Telephone: (256) 547-0554

Counties:

Blount	Cleburne	Marshall
Calhoun	DeKalb	St. Clair
Cherokee	Etowah	

- **HUNTSVILLE**

994 Explorer Boulevard (Zip 35806)
P.O. Box 11487
Huntsville, AL 35814-1487
Telephone: (256) 922-1082

Counties:

Colbert	Jackson	Limestone
Cullman	Lauderdale	Madison
Franklin	Lawrence	Morgan

- **MOBILE**

857 Downtowner Blvd., Suite E (Zip 36609)
P.O. Drawer 160406
Mobile, AL 36616-1406
Telephone: (251) 344-4737

Counties:

Baldwin	Conecuh	Monroe
Choctaw	Escambia	Washington
Clarke	Mobile	Wilcox

- **MONTGOMERY**

1021 Madison Avenue (Zip 36104)
P.O. Box 327490
Montgomery, AL 36132-7490
Telephone: (334) 242-2677

Counties:

Autauga	Crenshaw	Macon
Bullock	Dallas	Montgomery
Butler	Elmore	Pike
Chilton	Lowndes	

- **TUSCALOOSA**

518 19th Avenue (Zip 35401)
P.O. Box 2467
Tuscaloosa, AL 35403-2467
Telephone: (205) 759-2571

Counties:

Bibb	Marengo	Sumter
Fayette	Marion	Tuscaloosa
Greene	Perry	Walker
Hale	Pickens	Winston
Lamar		