

Remote Reseller Sales Tax Exemption Certificate Application for ARSSTC Member Jurisdictions



This application is for a Remote Reseller Exemption Certificate that is valid with the ARSSTC member jurisdictions to exempt the listed Buyer of sales tax on the indicated products. This certificate is for the limited use where a remote reseller cannot obtain a local resale certificate because the reseller is not physically located in the jurisdiction where the resale occurs. For example, if you order goods for resale with a delivery address in the taxing jurisdiction, but you do not otherwise have a physical presence in that jurisdiction you may not be able to obtain a resale exemption certificate in the local jurisdiction. In that circumstance, you may apply for a Remote Reseller Sales Tax Exemption Certificate from the Alaska Remote Sellers Sales Tax Commission. Return this application to AMSTP@akml.org

Application for a certificate is not a guarantee of being issued a certificate. The certificate will be valid through the end of the calendar year and the Buyer is responsible for renewing the certificate annually.

Date of Application: _____ This is a **NEW** **RENEWAL** application

Business Name: _____

Mailing Address: _____
Street City and State Zip

Authorized Contact: _____ Title: _____

Contact Email: _____ Contact Phone: _____

Buyers ARSSTC Account Number: _____ NAICS #: _____

I certify that (Business) _____ has an active registration with ARSSTC and is engaged in wholesaling, retailing, manufacturing, or selling of the (type of product or service): _____

Type of product or service you are buying	Name of Sellers from whom you are buying (optional)

I am aware the services or goods purchased under this sales tax exemption certificate must be resold or directly integrated into the services or goods sold by my business. I am aware I must provide the original service provider with a current sales tax exemption number. I certify that if any service or goods so purchased tax free is used or consumed as to make it subject to sales tax, we will pay the tax due directly to ARSSTC. Under penalties of perjury, I swear or affirm that the information on this application is true and correct.

Authorized signature: _____ Title _____

For Official Use Only

Application reviewed: _____ ARSSTC Exemption Number: _____
Name and date

Application approved: _____
Name and date