



Missouri Department of Revenue
Sales and Use Tax Exemption Certificate

Caution to seller: In order for the certificate to be accepted in good faith by the seller, the seller must exercise care that the property being sold is exempt. When a purchaser is claiming an exemption for purchases of items that qualify for the full manufacturing exemption and other items that only qualify for the partial manufacturing exemption, the seller must make certain the correct amount of tax is charged for each item purchased.

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|------------------|---|--|---|--|---|-------------------|
| Purchaser | Name FOOD MERCHANTS, LLC | | Telephone Number (4 1 7) 8 6 5 - 1 5 4 7 | | Missouri Tax I.D. Number 1 8 4 2 5 3 9 9 | |
| | Contact Person REBA THURMAN | | Doing Business As Name (DBA) ALPS PHARMACY | | | |
| | Address PO BOX 397 | | City NIXA | | State MO | Zip Code 65714 |
| | Describe product or services purchased exempt from tax PRESCRIPTIONS | | | | | |
| | Type of business PHARMACY | | | | | |

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|---------------|------------------------------|--|---------------------------|----------|----------------|--|
| Seller | Name | | Telephone Number () - | | Contact Person | |
| | Doing Business As Name (DBA) | | | Address | | |
| | City | | State | Zip Code | | |

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|---|--|--|--|--|--|--|
| Resale - Exclusion From Sales or Use Tax | <input checked="" type="checkbox"/> Purchases of Tangible Personal Property for resale: <i>Retailer's State Tax ID Number</i> <u>18425399</u> <i>Home State</i> <u>MO</u> (Missouri Retailers must have a Missouri Tax I.D. Number) | | | | | |
| | <input type="checkbox"/> Purchases of Taxable Services for resale (see list of taxable services in instructions) <i>Retailer's Missouri Tax I.D. Number</i> _____ (Resale certificate cannot be taken by seller in good faith unless the purchaser is registered in Missouri) | | | | | |
| | <input type="checkbox"/> Purchases by Manufacturer or Wholesaler for Wholesale: <i>Home State:</i> _____ (Missouri Tax I.D. Number may not be required) | | | | | |
| | <input type="checkbox"/> Purchases by Motor Vehicle Dealer: <i>Missouri Dealer License Number</i> _____ (Only for parts that will be used on vehicles being resold) (An Exemption Certificate for Tire and Lead-Acid Battery Fee (Form 149T) is required for tire and battery fees) | | | | | |

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|--------------------------------------|---|--|--|---|--|--|
| Manufacturing Full Exemptions | These apply to state and local sales and use tax. | | | | | |
| | <input checked="" type="checkbox"/> Ingredient or Component Part <input type="checkbox"/> Manufacturing Machinery, Equipment, and Parts <input type="checkbox"/> Material Recovery Processing | | | <input type="checkbox"/> Plant Expansion <input type="checkbox"/> Research and Development of Agricultural Biotechnology Products and Plant Genomics Products and Prescription Pharmaceuticals | | |

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| Manufacturing Partial Exemptions | These only apply to state tax (4.225%) and local use tax, but not sales tax. The seller must collect and report local sales taxes imposed by political subdivisions. | | | | | |
| | <input type="checkbox"/> Research and Development | | <input type="checkbox"/> Manufacturing Chemicals and Materials | | | |
| | <input type="checkbox"/> Machinery and Equipment Used or Consumed in Manufacturing <input type="checkbox"/> Materials, Chemicals, Machinery, and Equipment Used or Consumed in Material Recovery Processing Plant <input type="checkbox"/> Utilities or Energy and Water Used or Consumed in Manufacturing (Must complete below) Purchaser's Manufacturing Percentage _____ % Purchaser's Square Footage _____ | | | | | |

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|--------------|---|--|--|--|--|--|
| Other | <input type="checkbox"/> Agricultural <input type="checkbox"/> Common Carrier <input type="checkbox"/> Locomotive Fuel <input type="checkbox"/> Air and Water Pollution Control, Machinery, Equipment, Appliances and Devices (Attach Form 5095) | | | | | |
| | <input type="checkbox"/> Commercial Motor Vehicles or Trailers Greater than 54,000 Pounds (Attach Form 5435) <input type="checkbox"/> Other _____ | | | | | |

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|------------------|--|--|--|--------------------------------|--|--|
| Signature | Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. | | | | | |
| | Signature (Purchaser or Purchaser's Agent) <i>Reba Thurman</i> | | | Title DIRECTOR OF ACCOUNTIN | | Date (MM/DD/YYYY) 0 2 / 0 1 / 2 0 2 3 |

If you have questions, please contact the Department of Revenue at:

Phone: (573) 751-2836
TDD: (800) 735-2966
E-mail: salestaxexemptions@dor.mo.gov

Form 149 (Revised 12-2013)



Visit <http://www.dor.mo.gov/business/sales/sales-use-exemptions.php> for additional information.