

Account# \_\_\_\_\_

## SALES TAX QUESTIONNAIRE

**Please check all of the following boxes that apply to this account.**

\_\_\_ **Full-Time Residence**

\_\_\_ **Secondary Home or Cabin used by myself and members of my family.**

\_\_\_ **Residence also used for business. (\_\_\_\_\_ % of use for business)**

\_\_\_ **Property used 100% for a business**

\_\_\_ **Rental Property (circle one)**

A) I am the tenant, and the service is in my name for residential use.

B) I have tenants in the property and the electricity is in my name.

\_\_\_ **Special Exemptions (circle one)**

A) Religious Organization

B) Volunteer Fireman's Organization

C) Nonprofit Educational Institution

D) Charitable Organization

E) School District

F) Tourist Promotion Agency

G) Manufacturing

H) Dairying

I) Farming

J) The electric service is in my name, but this is a residence of someone other than myself for whom I am the legal guardian, have power of attorney, or am the executor of an estate.

\_\_\_ **Other:**

\_\_\_ **Explain:** \_\_\_\_\_

**Please fill out the following information and return this form in the enclosed envelope.**

**Thank you.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number