

**This document is to be completed by a purchaser when claiming exemption from sales/use tax.
Certificates are valid for up to three years**

Purchaser Name _____

Seller Name _____

Address _____

Address _____

City _____ State _____ ZIP _____

City _____ State _____ ZIP _____

General Nature of Business _____

Telephone Number _____

Purchaser is doing business as:

Retailer

Sales Tax Permit Number (if required) _____

Retailer Car Dealer

Enter your DOT number _____

Governmental Agency (including public schools)

Wholesaler Farmer Lessor

Manufacturer Nonprofit Hospital

Private Nonprofit Educational Institution

Qualifying Residential Care Facility

Nonprofit Museum

Other _____

Purchaser is claiming exemption for the following reason:

Resale Leasing Processing

Qualifying Farm Machinery/Equipment

Qualifying Farm Replacement Parts

Qualifying Manufacturing Machinery/Equipment

Research and Development Equipment

Pollution Control Equipment

Recycling Equipment

Qualifying Computer

Qualifying Replacement Parts/Supplies
(Manufacturing, R&D, Pollution Control, Recycling,
Computer)

Direct Pay (permit number required) _____

Other _____

Description of Purchase (Attach additional information if necessary) _____

Under penalty of perjury, I swear or affirm that the information on this form is true and correct.

Signature of Purchaser _____ Title _____ Date _____

Seller: Keep this certificate in your files.

Purchaser: Keep a copy of this certificate for your records.

Do not send to the Iowa Department of Revenue.