

This document is to be completed by a purchaser when claiming exemption from sales/use/excise 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/Use/Excise 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.**