

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.

Hospice of Central Iowa  
Purchaser Name dba EveryStep Giving Tree  
Address 3000 Easton Boulevard  
City Des Moines State IA ZIP 50317  
General Nature of Business \_\_\_\_\_  
Telephone Number (515) 274-3400

Seller Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**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   
Commercial Enterprise   
Other  Nonprofit Hospice Care

**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)   
Qualifying Computer Software, Specified Digital Products and Digital Services   
Direct Pay  (permit number required) \_\_\_\_\_  
Other  Nonprofit Hospice Care

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 VP & CFO Date 03/19/19

**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.**