

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 Visiting Nurse Services of Iowa dba EveryStep

Seller Name \_\_\_\_\_

Address 1111 9th St. Ste 320

Address \_\_\_\_\_

City Des Moines State IA ZIP 50314

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

General Nature of Business \_\_\_\_\_

Telephone Number (515) 288-1516

**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

**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  Home & Community Based

Description of Purchase (Attach additional information if necessary) 441 IAC 77.33. Provider

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

Signature of Purchaser [Signature] 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.**