

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 legal name: Hospice of Central Iowa Foundation Seller legal name: _____

Doing business as: EveryStep Foundation Doing business as: _____

Address: 3000 Easton Blvd Address: _____

City: Des Moines State: IA ZIP: 50317 City: _____ State: _____ ZIP: _____

General nature of business: _____

Phone 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

Commercial enterprise

Other Non-profit

Description of purchase (Include additional information if necessary):

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, Research & Development, pollution control, recycling, computer)

Qualifying computer software, specified digital products and digital services

Other Non-profit _____

Direct Pay - Permit number required:

Permit: _____

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this certificate, and, to the best of my knowledge and belief, it is true, correct, and complete.

Signature of purchaser: Lynn Mickel

Title: VP, Chief Financial Officer Date: Jan 5, 2022

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.