

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 Hospice of Central Iowa, AMP Cares, LLC
dba EveryStep Grief and Loss Services

Seller Name _____

Address 3000 Easton Boulevard

Address _____

City Des Moines State IA ZIP 50317

City _____ State _____ ZIP _____

General Nature of Business _____

Telephone Number _____

Purchaser is doing business as:

Purchaser is claiming exemption for the following reason:

Retailer
Sales/Use/Excise Tax Permit Number (if required) _____

Resale Leasing Processing

Retailer Car Dealer
Enter your DOT number _____

Qualifying Farm Machinery/Equipment

Governmental Agency (including public schools)

Qualifying Farm Replacement Parts

Wholesaler Farmer Lessor

Qualifying Manufacturing Machinery/Equipment

Manufacturer Nonprofit Hospital

Research and Development Equipment

Private Nonprofit Educational Institution

Pollution Control Equipment

Qualifying Residential Care Facility

Recycling Equipment

Nonprofit Museum

Qualifying Computer

Other Nonprofit Grief and Loss Services

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

Direct Pay (permit number required) _____

Other Nonprofit Grief and Loss Services

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 CEO Date 9/24/18

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.