

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

Seller Name _____

Address 3000 Easton Boulevard

Address _____

City Des Moines State IA ZIP 50317

City _____ State _____ ZIP _____

General Nature of Business _____

Telephone Number (515) 274-3400

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

Qualifying Farm Replacement Parts

Governmental Agency (including public schools)

Qualifying Manufacturing Machinery/Equipment

Research and Development Equipment

Wholesaler Farmer Lessor

Pollution Control Equipment

Manufacturer Nonprofit Hospital

Recycling Equipment

Private Nonprofit Educational Institution

Qualifying Computer

Qualifying Residential Care Facility

Qualifying Replacement Parts/Supplies

Nonprofit Museum

(Manufacturing, R&D, Pollution Control, Recycling,

Other Nonprofit Hospice Care

Computer)

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 CFO Date 10/11/18

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.