

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 Foundation

Seller Name _____

Address 3000 Easton Boulevard

Address _____

City Des Moines State IA ZIP 50317

City _____ State _____ ZIP _____

General Nature of Business Hospice Care

Telephone Number (515) 274-3400

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

Other Nonprofit Hospice

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)

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.