

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.

Visiting Nurse Services of Iowa
Purchaser Name dba EveryStep Seller Name _____
Address 1111 9th St. Suite 320 Address _____
City Des Moines State IA ZIP 50314 City _____ State _____ ZIP _____
General Nature of Business Home & Community Based Provider
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
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)
Direct Pay (permit number required) _____
Other Home & Community Based

441 IAC 77.33. Provider

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 12/1/18

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.