

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: Visiting Nurse Services of Iowa Seller legal name: \_\_\_\_\_

Doing business as: EveryStep Doing business as: \_\_\_\_\_

Address: 3000 Easton Blvd Address: \_\_\_\_\_

City: Des Moines State: IA ZIP: 50317 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

General nature of business: Hospice & Home Care

Phone number: 515-274-3400

**Purchaser is doing business as:**

Retailer ☐

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 ☐

Nonprofit food bank ☐

Other ☒ Nonprofit Hospice & Homecare Provider

**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 or computer peripheral ☐

Qualifying replacement parts/supplies  
(manufacturing, research & development, pollution control, recycling, computer) ☐

Qualifying computer software, specified digital products and digital services ☐

Grain bins and replacement parts ☐

Other ☒ Nonprofit Hospice & Homecare Provider

Direct pay ☐ Permit number required:

Permit: \_\_\_\_\_

Description of purchase (Include additional information if necessary):

Hospice & Home Care services and supplies.

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: [Signature]

Title: Chief Financial Officer Date: 12/09/2024

**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**