

**This document is to be completed by a purchaser when claiming exemption from sales/use tax.  
Certificates are valid for up to three years**

Purchaser Name State University of Iowa  
Address 105 Jessup Hall  
City Iowa City State IA ZIP 52242  
General Nature of Business Education  
Telephone Number 319-384-1497

Seller Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Purchaser is doing business as:**

- Retailer   
Sales 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  \_\_\_\_\_

**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  State owned educational institution

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 Tax Manager Date 1 / 4 / 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.**