

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: \_\_\_\_\_

Seller legal name: Osborne Industries, Inc.

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

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

Address: \_\_\_\_\_

Address: 120 N. Industrial Ave. / PO Box 388

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

City: Osborne State: KS ZIP: 67473

General nature of business: \_\_\_\_\_

Phone number: \_\_\_\_\_

**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

Commercial enterprise

Other

Description of purchase (Include additional information if necessary):  
\_\_\_\_\_  
\_\_\_\_\_

**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, Research & Development, pollution control, recycling, computer)

Qualifying computer software, specified digital products and digital services

Other  \_\_\_\_\_

Direct Pay - Permit number required:

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

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: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**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.**