

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 Galva Holstein CSD

Seller Name _____

Address 519 E. Maple Street

Address _____

City Holstein State IA ZIP 51025

City _____ State _____ ZIP _____

General Nature of Business Public School

Telephone Number 712-368-4353

Purchaser is doing business as:

Purchaser is claiming exemption for the following reason:

Retailer
Sales/Use/Excise Tax Permit Number (if required) _____

Resale Leasing Processing

Retailer Car Dealer
Enter your DOT number _____

Qualifying Farm Machinery/Equipment

Qualifying Farm Replacement Parts

Governmental Agency (including public schools)

Qualifying Manufacturing Machinery/Equipment

Research and Development Equipment

Wholesaler Farmer Lessor

Pollution Control Equipment

Manufacturer Nonprofit Hospital

Recycling Equipment Qualifying Computer

Private Nonprofit Educational Institution

Qualifying Replacement Parts/Supplies

Qualifying Residential Care Facility

(Manufacturing, R&D, Pollution Control, Recycling, Computer)

Nonprofit Museum

Qualifying Computer Software, Specified Digital

Commercial Enterprise

Products and Digital Services

Other 42-6002058 Public School

Direct Pay (permit number required) _____

Other _____

Description of Purchase (Attach additional information if necessary)

Goods and Services for public school

Under penalty of perjury, I swear or affirm that the information on this form is true and correct.

Signature of Purchaser  Title Business Mngr Date 05/19/2022

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.