

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: Hospice of Central Iowa Foundation

Seller legal name: _____

Doing business as: EveryStep Foundation

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 & Homecare 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: 

Title: Vice President & Chief Financial Officer Date: 3.21.25

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