

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 American Contractors Supply
Address P.O. Box 70
City Monticello State IA ZIP 52310
General Nature of Business _____
Telephone Number 319-465-6655

Seller Name _____
Address _____
City _____ State _____ ZIP _____

Purchaser is doing business as:

Retailer ☐
Sales Tax Permit Number (if required) 1-53-6360

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 ☐ _____

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 [Signature] Title Owner Date 3-14-25

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.