

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: CITY OF NEWHALL

Seller legal name: \_\_\_\_\_

Doing business as: CITY OF NEWHALL

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

Address: 11 2ND AVENUE / PO BOX 177

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

City: NEWHALL State: IA ZIP: 52315

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

General nature of business: GOVERNMENT

Phone number: (319) 223-5709

**Purchaser is doing business as:**

- Retailer
- Permit number (if required): 42-6005037
- 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  \_\_\_\_\_

**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  \_\_\_\_\_
- Direct pay  Permit number required: \_\_\_\_\_
- Permit: \_\_\_\_\_

Description of purchase (Include additional information if necessary):  
**GOODS AND SERVICES**

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: CITY CLERK Date: 01/02/2023

**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**