Iowa Department of Revenue

Iowa Sales/Use/Excise Tax Exemption Certificate
tax.iowa.gov

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: University of Northern Iowa

Doing business as: ____________________________

Address: 103 Gilchrist Hall

City: Cedar Falls State: IA ZIP: 50614

General nature of business: Higher Education

Phone number: 319-273-2162

Purchaser is doing business as:

Retailer □

Permit number (if required): 107-001818

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 □ Public University

Direct pay □ Permit number required:

Permit: ____________________________

Description of purchase (Include additional information if necessary):

__________________________________________________________________________

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: Director, Office of Business Operations 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

31-014a (11/3/2021)