

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: TimePayment Corp

Doing business as: _____

Address: 200 Summit Dr. Suite 100

City: Burlington State: MA ZIP: 01803

General nature of business: _____

Phone number: _____

Purchaser is doing business as:

Retailer ☒

Permit number (if required): 2-00-144444

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):

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: Treasurer

Date: 9/7/23

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