

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.

Seller legal name: _____

Doing business as: _____

Doing business as: _____

Address: 400 TradeCenter Suite 6950

Address: _____

City: Woburn State: MA ZIP: 01801

City: _____ State: _____ ZIP: _____

General nature of business: Leasing Equipment

Phone number: _____

Purchaser is doing business as:Retailer ☒Permit number (if required): 2-00-149444Retailer 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: CFO Date: 01/02/2025**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**