

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: 400 TradeCenter Suite 6950

City: Woburn State: MA ZIP: 01801

General nature of business: Leasing Equipment

Phone number: (617) 360-7127

Purchaser is doing business as:

Retailer

Permit number (if required): 2-00-149444

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 _____

Seller legal name: _____

Doing business as: _____

Address: _____

City: _____ State: _____ ZIP: _____

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

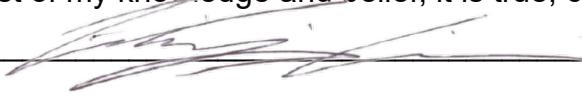
Other _____

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: 01/01/2026

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