

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 Name Riekes Equipment Company

Seller Name _____

Address 3306 Northbrook Drive

Address _____

City Sioux City State IA ZIP 51105

City _____ State _____ ZIP _____

General Nature of Business Material HandlingTelephone Number 402-593-1181**Purchaser is doing business as:**Retailer ☒Sales/Use/Excise Tax Permit Number (if required)
1-97-031873Retailer 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 ☐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 ☐

Qualifying Replacement Parts/Supplies

(Manufacturing, R&D, Pollution Control, Recycling, Computer) ☐

Qualifying Computer Software, Specified Digital

Products and Digital Services ☐Direct Pay ☐ (permit number required) _____Other ☐ _____

Description of Purchase (Attach additional information if necessary)

Material Handling Equipment, Parts, and Rentals

Under penalty of perjury, I swear or affirm that the information on this form is true and correct.

Signature of Purchaser Scott Anderson Title Controller Date 01/22/2020**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.**