

This document is to be completed by a purchaser when claiming exemption from sales/use tax. Certificates are valid for up to three years.

Purchaser Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
General Nature of Business \_\_\_\_\_  
Telephone Number \_\_\_\_\_

Seller Name Voss Distributing LLC  
Address 5109 NE 17th Street  
City Des Moines State IA ZIP 50313

**Purchaser is doing business as:**

- Retailer
- Sales Tax Permit Number (if required) \_\_\_\_\_
- 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
- 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)
- Direct Pay  (permit number required) \_\_\_\_\_
- Other  \_\_\_\_\_

Description of Purchase (Attach additional information if necessary) Beverages - Red Bull Energy Drinks

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

Signature of Purchaser \_\_\_\_\_ Title \_\_\_\_\_ 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.**