

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 _____

Seller Name Four Seasons Sales & Service, Inc.

Address _____

Address 2350 Lakeway Cir

City _____ State _____ ZIP _____

City Paris State TN ZIP 38242

General Nature of Business _____

Telephone Number _____

Purchaser is doing business as:

Retailer ☒

Sales/Use/Excise 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 ☐

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)

Retail Product sold in the Indoor Tanning Industry such as tanning lotions, accessories, eye wear,
clothing, cosmetics, shampoos, conditioners, etc.

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.