

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: Equistar Chemicals, LP

Seller legal name: _____

Doing business as: _____

Doing business as: _____

Address: 3400 Anamosa

Address: _____

City: Clinton State: IA ZIP: 52733

City: _____ State: _____ ZIP: _____

General nature of business: Manufacturing

Phone number: (713) 309-7200

Purchaser is doing business as:

Retailer ☐

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 ☐

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: 1-23-915576

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: Tax Manager Date: 01/01/2025

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