

WH-5 Public Works Contract Report

Sections 54-1904A and 63-3624(g), Idaho Code, require all Public Works Contracts to be reported to the Tax Commission. This form must be filed with the Tax Commission within 30 days after a contract is awarded.

Contract awarded by (public body and address)

Contract awarded to (contractor's name and address)

State of incorporation	Federal Employer Identification Number (EIN)	Date qualified to do business in Idaho
Business operates as <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC	Public Works contractor license number	
Sole proprietor's Social Security number	Idaho sales/use tax permit number	Idaho withholding tax permit number
Awarding agency project number	Amount of contract \$	
Description and location of work to be performed		

PROJECT DATES

Scheduled project start date: _____ Completion date: _____

If the following information is not available at this time, please indicate date it will be: _____

ALL SUBCONTRACTORS

Name	Federal EIN	
Address	Public works contractor number	
City, State, ZIP	<input type="checkbox"/> LLC <input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership Amount of subcontract \$
Description of work		
Name	Federal EIN	
Address	Public works contractor number	
City, State, ZIP	<input type="checkbox"/> LLC <input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership Amount of subcontract \$
Description of work		
Name	Federal EIN	
Address	Public works contractor number	
City, State, ZIP	<input type="checkbox"/> LLC <input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership Amount of subcontract \$
Description of work		
Name	Federal EIN	
Address	Public works contractor number	
City, State, ZIP	<input type="checkbox"/> LLC <input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership Amount of subcontract \$
Description of work		

ALL SUBCONTRACTORS (CONTINUED)

Name		Federal EIN	
Address		Public works contractor number	
City, State, ZIP	<input type="checkbox"/> LLC <input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership	Amount of subcontract \$
Description of work			

Name		Federal EIN	
Address		Public works contractor number	
City, State, ZIP	<input type="checkbox"/> LLC <input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership	Amount of subcontract \$
Description of work			

Name		Federal EIN	
Address		Public works contractor number	
City, State, ZIP	<input type="checkbox"/> LLC <input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership	Amount of subcontract \$
Description of work			

SUPPLIERS

Use the space below to report major suppliers of materials and supplies; items removed from inventory; equipment purchased, rented, or leased for use in project; materials provided by government agency. Please indicate how sales or use tax was paid.

Name		Federal EIN		Total value \$	
Address		Materials and equipment purchased and used			
City, State, ZIP	Phone	<input type="checkbox"/> Tax paid to supplier		<input type="checkbox"/> Tax paid to state* <input type="checkbox"/> No tax paid	

Name		Federal EIN		Total value \$	
Address		Materials and equipment purchased and used			
City, State, ZIP	Phone	<input type="checkbox"/> Tax paid to supplier		<input type="checkbox"/> Tax paid to state* <input type="checkbox"/> No tax paid	

Name		Federal EIN		Total value \$	
Address		Materials and equipment purchased and used			
City, State, ZIP	Phone	<input type="checkbox"/> Tax paid to supplier		<input type="checkbox"/> Tax paid to state* <input type="checkbox"/> No tax paid	

Name		Federal EIN		Total value \$	
Address		Materials and equipment purchased and used			
City, State, ZIP	Phone	<input type="checkbox"/> Tax paid to supplier		<input type="checkbox"/> Tax paid to state* <input type="checkbox"/> No tax paid	

* If tax was not paid to suppliers but **was** or **will be** reported as "items subject to use tax" under your permit number, indicate period of return on which payment **was** or **will be** reported: _____

If tax was paid to a state **other** than Idaho, name state next to "total value" box(es) above. If tax is due and has **not previously been reported**, attach payment to this form. **If you need more room, please photocopy this page.**

SIGN <u>Authorized signature</u>	Print name	Phone number	Date
HERE _____	_____	_____	_____

File with the Idaho State Tax Commission, PO Box 36, Boise ID 83722-2210. For more information, call (208) 334-7618.