



Form ID CR-3 Request for Tax Release

Date: _____

Part I — Awarding Agency Information

Agency name	Mailing address	City	State	ZIP Code
Contact name	Phone number	Email address		

Part II — Contractor Information

Contractor name	Mailing address	City	State	ZIP Code
Federal EIN	Contact name	Phone number	Email address	

Part III — Construction/Contract Manager Information (if applicable)

Business name	Mailing address	City	State	ZIP Code
Federal EIN	Contact name	Phone number	Email address	

Send a copy of the approved Tax Release to: Awarding Agency Contractor Construction Manager

Note: We'll email all copies unless otherwise requested.

Part IV — Project Information

Project name	Project location
Project description	

Project number assigned by awarding agency	Project start date	Project completion date	Final/closing contract amount (includes all change orders) \$
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Did any government entities supply materials that this contractor or its subs installed? Yes No

If **Yes**, list these materials and their dollar values. (Include additional information if needed.)

List of materials	List dollar values of materials
	\$
	\$
	\$

Send to: Contract Desk/Sales Tax Audit
Idaho State Tax Commission
PO Box 36
Boise ID 83722-0410

Phone: (208) 334-7618 | Fax: (208) 332-6619 | Email: contractdesk@tax.idaho.gov

Note: Please allow 30 days for us to process this Request for Tax Release.