

Contract Report for Private / Commercial / Federal Projects

SUBCONTRACTORS

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

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

Name		Federal EIN	
Address			
City, State, ZIP	<input type="checkbox"/> LLC	<input type="checkbox"/> Corporation	Amount of subcontract
	<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Partnership	\$
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 <small>Authorized signature</small>	<small>Print name</small>	<small>Phone number</small>	<small>Date</small>
HERE _____			