



Contractors Gross Receipts Gross Receipts Withholding Return

1.	Contract Awarded by: Agency <input type="checkbox"/> Prime Contractor <input type="checkbox"/> Federal Identification Number (FEIN): Name: Address: City: State: Zip Code:
2.	Contract Awarded to: Prime Contractor <input type="checkbox"/> Sub-Contractor <input type="checkbox"/> Federal Identification Number (FEIN): Name: Address: City: State: Zip Code
3.	Government Issued Contract Number.....
4.	Contract Award Date..... <u> </u> / <u> </u> /20 <u> </u>
5.	Month and year increment payment earned..... <u> </u> /20 <u> </u>
6.	Gross amount due Prime contractor or sub-contractor at the time of this report..... \$
7.	Amount Withheld (1% of line 6) (If payment made to prime contractor from awarding agency, remittance must accompany this report)..... \$
8.	Net amount paid Prime contractor or sub-contractor at the time of this report..... \$
9.	Check proper box for type of return being filed: <input type="checkbox"/> Remittance attached for credit to prime contractor's account <input type="checkbox"/> Sub-Contractor allocation, authorization to transfer credit to sub-contractor. Failure of prime contractor to file a distribution report within thirty (30) days of payment will result in a 10% penalty. Date payment made to sub-contractor..... <u> </u> / <u> </u> /20 <u> </u>
10.	Description of work to be performed: _____ _____
11.	Location of work to be performed (be specific): _____ _____

The agency or contractor must, in accordance with Section 15-5-206, Montana Code Annotated, withhold one percent (1%) of incremental payments due the contractor or sub-contractor. Amounts withheld from a prime contractor must be forwarded with this report to the Department of Revenue. Amounts withheld from sub-contractors must be reported on this form so that proper allocation of credit can be made from prime contractor's account to the sub-contractor.

Return Submitted by Agency <input type="checkbox"/> Prime Contractor <input type="checkbox"/> Sub-Contractor <input type="checkbox"/>
Award Authorization Preparer's Signature:
Preparer's Title:
Phone:
Date:
Fax:

Mail this return to:
Department of Revenue, P.O. Box 5835, Helena, MT 59604-5835