



Contractors Gross Receipts Contract Award Registration

1.	Contract Awarded by: Agency <input type="checkbox"/> Prime Contractor <input type="checkbox"/> Federal Identification Number (FEIN): _____ Name: _____ Address: _____ Address: _____ City: _____ State: _____ Zip Code: _____	3. Government Issued Contract Number: _____ 4. Contract Award Date: ____/____/20__
2.	Contract Awarded to: Prime Contractor <input type="checkbox"/> Sub-Contractor <input type="checkbox"/> Federal Identification Number (FEIN): _____ Name: _____ Address: _____ Address: _____ City: _____ State: _____ Zip Code: _____	5. Construction Completion Date: ____/____/20__ 6. Contract Amount: \$ _____
7.	Description of work to be performed: _____ _____ _____ _____ _____	
8.	Location of work to be performed (be specific): _____ _____ _____	

The agency or prime contractor awarding this contract must complete this form and mail to the Department of Revenue within 10 days after contract or bid has been officially awarded.

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

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