

To be Submitted by Successful Bidder
to the Idaho State Tax Commission
within 30 days of Bid Award

Form 6-P
Public Works Contract Report Form

Print and fill out the following form and return it to
Idaho State Tax Commission, P.O. Box 36, Boise, ID 83722-2210.

For additional information, call (208) 334-7691.

WH-5

State Tax Commission

| | |
|----------|----------|
| Ref. No. | Code No. |
|----------|----------|

PUBLIC WORKS CONTRACT REPORT

This space for state use only.

Sections 54-1904a and 63-3624(g), Idaho Code, require all Public Works Contracts to be reported to the State Tax Commission.

Contract awarded to (contractor's name and home address)

Contract awarded to (contractor's name and home address)

| | | |
|------------------------|-------------------------|---|
| State of Incorporation | Federal employee number | Date qualified to do business in Idaho (Section 30-501, I.C.) |
|------------------------|-------------------------|---|

| | | |
|-----------------------|---|--|
| Business operates as: | <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership | Public Works contractor license number |
|-----------------------|---|--|

| | | |
|--|-----------------------------|-------------------------------|
| Sole proprietor's social security number | Sales/Use tax permit number | Withholding tax permit number |
|--|-----------------------------|-------------------------------|

| | |
|-------------------------|-------------------------|
| Project number (if any) | Amount of contract : \$ |
|-------------------------|-------------------------|

Description and location of work to be performed

Scheduled project start date: _____ and completion date: _____
If the following information is not available at this time, please indicate when it will be. _____

This form must be filed with the State Tax Commission within 30 days after a contract is awarded.

ALL SUBCONTRACTORS

| | | |
|------|------------------------|-------------------------|
| Name | State of Incorporation | Federal employee number |
|------|------------------------|-------------------------|

| | | |
|---------|---|--------------------------------|
| Address | Date business qualified to do business in Idaho | Public works contractor number |
|---------|---|--------------------------------|

| | | |
|------------------|--|-----------------------------|
| City, State, Zip | Business operates as: <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation | Amount of subcontract \$ |
|------------------|--|-----------------------------|

Description of work

| | | |
|------|------------------------|-------------------------|
| Name | State of Incorporation | Federal employee number |
|------|------------------------|-------------------------|

| | | |
|---------|---|--------------------------------|
| Address | Date business qualified to do business in Idaho | Public works contractor number |
|---------|---|--------------------------------|

| | | |
|------------------|--|-----------------------------|
| City, State, Zip | Business operates as: <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation | Amount of subcontract \$ |
|------------------|--|-----------------------------|

Description of work

| | | |
|------|------------------------|-------------------------|
| Name | State of Incorporation | Federal employee number |
|------|------------------------|-------------------------|

| | | |
|---------------------|--|--------------------------------|
| Address | Date business qualified to do business in Idaho | Public works contractor number |
| City, State, Zip | Business operates as: <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation | Amount of subcontract \$ |
| Description of work | | |

ALL SUBCONTRACTORS (Continued)

| | | |
|---------------------|--|--------------------------------|
| Name | State of Incorporation | Federal employee number |
| Address | Date business qualified to do business in Idaho | Public works contractor number |
| City, State, Zip | Business operates as: <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation | Amount of subcontract \$ |
| Description of work | | |

| | | |
|---------------------|--|--------------------------------|
| Name | State of Incorporation | Federal employee number |
| Address | Date business qualified to do business in Idaho | Public works contractor number |
| City, State, Zip | Business operates as: <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation | Amount of subcontract \$ |
| Description of work | | |

| | | |
|---------------------|--|--------------------------------|
| Name | State of Incorporation | Federal employee number |
| Address | Date business qualified to do business in Idaho | Public works contractor number |
| City, State, Zip | Business operates as: <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation | 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 | Address | Phone number | <input type="checkbox"/> Tax paid to supplier. <input type="checkbox"/> Tax paid to state* <input type="checkbox"/> No tax paid. |
| Materials and equipment purchased and used: | | Total value \$ | |
| Name | Address | Phone number | <input type="checkbox"/> Tax paid to supplier. <input type="checkbox"/> Tax paid to state* <input type="checkbox"/> No tax paid. |
| Materials and equipment purchased and used: | | Total value \$ | |
| Name | Address | Phone number | <input type="checkbox"/> Tax paid to supplier. <input type="checkbox"/> Tax paid to state* <input type="checkbox"/> No tax paid. |
| Materials and equipment purchased and used: | | Total value \$ | |
| Name | Address | Phone number | <input type="checkbox"/> Tax paid to supplier. <input type="checkbox"/> Tax paid to state* <input type="checkbox"/> No tax paid. |
| Materials and equipment purchased and used: | | Total value \$ | |

| | | | | | | |
|---|----------------------|---------|------------|-------------------|--------------|--|
| Name | | Address | | Phone number | | <input type="checkbox"/> Tax paid to supplier. <input type="checkbox"/> Tax paid to state* <input type="checkbox"/> No tax paid. |
| Materials and equipment purchased and used: | | | | Total value \$ | | |
| Name | | Address | | Phone number | | <input type="checkbox"/> Tax paid to supplier. <input type="checkbox"/> Tax paid to state* <input type="checkbox"/> No tax paid. |
| Materials and equipment purchased and used: | | | | Total value \$ | | |
| <p>* 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 remitted 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.</p> | | | | | | |
| SIGN HERE | Authorized signature | | Print name | | Phone number | Date |
| File with the Idaho State Tax Commission, P.O. Box 36, Boise, Idaho 83722-2210 - For additional information call (208) 334-7691 | | | | | | |