

To be Submitted by Successful Bidder
Within 30 Days of 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
PUBLIC WORKS CONTRACT REPORT

Ref. No.	Code No.
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 by (public body and address)

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

State of Incorporation	Federal employer number	Date qualified to do business in Idaho (Section 30-601, I.C.)
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Business operates as <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	Public Works contractor license number
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Sole proprietor's social security number	Sales/Use tax permit number	Withholding tax permit number
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Project number (if any)	Amount of contract \$
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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. _____
Date

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

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

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

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

ALL SUBCONTRACTORS (Continued)				
Name		State of Incorporation		Federal employer number
Address		Date qualified to do business in Idaho		Public works contractor number
City, State, Zip		Business operates as <input type="checkbox"/> Partnership <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Corporation		Amount of subcontract \$
Description of work:				
Name		State of Incorporation		Federal employer number
Address		Date qualified to do business in Idaho		Public works contractor number
City, State, Zip		Business operates as <input type="checkbox"/> Partnership <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Corporation		Amount of subcontract \$
Description of work:				
Name		State of Incorporation		Federal employer number
Address		Date qualified to do business in Idaho		Public works contractor number
City, State, Zip		Business operates as <input type="checkbox"/> Partnership <input type="checkbox"/> Sole proprietorship <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
Materials and equipment purchased and used:		Total value		<input type="checkbox"/> Tax paid to supplier. <input type="checkbox"/> Tax paid to state.* <input type="checkbox"/> No tax paid.
		\$		
Name		Address		Phone number
Materials and equipment purchased and used:		Total value		<input type="checkbox"/> Tax paid to supplier. <input type="checkbox"/> Tax paid to state.* <input type="checkbox"/> No tax paid.
		\$		
Name		Address		Phone number
Materials and equipment purchased and used:		Total value		<input type="checkbox"/> Tax paid to supplier. <input type="checkbox"/> Tax paid to state.* <input type="checkbox"/> No tax paid.
		\$		
Name		Address		Phone number
Materials and equipment purchased and used:		Total value		<input type="checkbox"/> Tax paid to supplier. <input type="checkbox"/> Tax paid to state.* <input type="checkbox"/> No tax paid.
		\$		
Name		Address		Phone number
Materials and equipment purchased and used:		Total value		<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 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.				
SIGN HERE	Authorized signature	Print name	Phone number	Date

File with the Idaho State Tax Commission, P.O. Box 36, Boise, Idaho 83722 - 2210
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