



1% Contractor's Gross Receipts Contract Award Registration

CGR-1
V2 1/2010

Form CGR-1 is required to be completed and mailed to the Department of Revenue within 10 days after a contract or bid is officially awarded.

1.	Contract awarded by: Enter the federal employer identification number, business name and address. Place an "X" in the "Government Entity" box if you are registering this contract between a government entity and a prime contractor. Place an "X" in the "Prime Contractor" box if you are registering this contract between a prime contractor and a subcontractor.			
	Government Entity <input type="checkbox"/> Prime Contractor <input type="checkbox"/>			
	Federal Identification Number (FEIN)			
	Name			
	Address			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">City</td> <td style="width: 20%;">State</td> <td style="width: 20%;">ZIP Code</td> </tr> </table>	City	State	ZIP Code
City	State	ZIP Code		
2.	Contract awarded to: Enter the federal employer identification number, business name and address. Place an "X" in the "Prime Contractor" box if you are registering this contract between a government entity and a prime contractor. Place an "X" in the "Subcontractor" box if you are registering this contract between a prime contractor and a subcontractor.			
	Prime Contractor <input type="checkbox"/> Subcontractor <input type="checkbox"/>			
	Federal Identification Number (FEIN)			
	Name			
	Address			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">City</td> <td style="width: 20%;">State</td> <td style="width: 20%;">ZIP Code</td> </tr> </table>	City	State	ZIP Code
City	State	ZIP Code		
3.	Enter the Government Issued Purchase Order Number here.3.			
4.	Enter the contract award date here.4. ____ / ____ /20__			
5.	Enter the estimated construction completion date here.5. ____ / ____ /20__			
6.	Enter the total dollar amount of the contract here.6. \$			
7.	Enter a description of the work that will be performed under this contract.			
8.	Enter the location in Montana where this work will be performed. Be specific with your description.			

Contract award registration submitted by: Select the appropriate box identifying which entity is completing this return, sign this return and enter the information requested below.		
Government Entity <input type="checkbox"/> Prime Contractor <input type="checkbox"/> Subcontractor <input type="checkbox"/>		
Preparer's Signature		
Preparer's Title		Date
Telephone Number		Fax Number

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