



1% Contractor's Gross Receipts Gross Receipts Withholding Return

CGR-2
V2 1/2010

Form CGR-2 is required to be completed and mailed to the Department of Revenue within 30 days after each payment is made to the prime contractor or subcontractor.

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 remitting the 1% contractor's gross receipts payment on behalf of a prime contractor. Place an "X" in the "Prime Contractor" box if you are allocating the 1% contractor's gross receipts from your prime contractor's account to your subcontractor's account. <div style="text-align: center;"> Government Entity <input type="checkbox"/> Prime Contractor <input type="checkbox"/> </div>
Federal Identification Number (FEIN)	
Name	
Address	
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 remitting the 1% contractor's gross receipts on behalf of a prime contractor. Place an "X" in the "Subcontractor" box if you are allocating the 1% contractor's gross receipts from your prime contractor's account to your subcontractor's account. <div style="text-align: center;"> Prime Contractor <input type="checkbox"/> Subcontractor <input type="checkbox"/> </div>
Federal Identification Number (FEIN)	
Name	
Address	
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 month and year this payment was earned.5. ____ /20__
6.	Enter the gross dollar amount due to the prime contractor or subcontractor here.6. \$
7.	Multiply the amount on line 6 by 1% (.01) and enter the result here. This is your 1% Contractor's Gross Receipts.7. \$
8.	Subtract line 7 from line 6 and enter the result here. This is the net amount paid to the prime contractor or subcontractor.8. \$
9.	Check the box below that identifies the type of return you are filing and enter the date the payment was made to the prime contractor or subcontractor.9. ____ / ____ /20__ 9(a) <input type="checkbox"/> I am enclosing the amount reported on line 7 for credit to my prime contractor's account. 9(b) <input type="checkbox"/> I am allocating the amount reported on line 7 for credit to my subcontractor's account.
10.	Enter a description of the work performed under this contract.
11.	Enter the location in Montana where this work is performed. Be specific with your description.

Withholding return submitted by: Select the appropriate box identifying which entity is completing this return; sign this return and enter the information requested below. <div style="text-align: center;"> Government Entity <input type="checkbox"/> Prime Contractor <input type="checkbox"/> Subcontractor <input type="checkbox"/> </div>		
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