



1% Contractor's Gross Receipts Contract Award Registration

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.	<p>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.</p> <p style="text-align: center;"> <input type="checkbox"/> Government Entity <input type="checkbox"/> Prime Contractor </p>		
	Federal Identification Number (FEIN)		
	Name		
	Address		
	City	State	Zip Code
2.	<p>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.</p> <p style="text-align: center;"> <input type="checkbox"/> Prime Contractor <input type="checkbox"/> Subcontractor </p>		
	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 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.		

<p>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.</p> <p style="text-align: center;"> <input type="checkbox"/> Government Entity <input type="checkbox"/> Prime Contractor <input type="checkbox"/> Subcontractor </p>			
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