



## Contractor Information for Tax Exempt Form

Please complete the information for your firm as the General Contractor along with the same information for your subcontractors/vendors. Please note all fields **must** be completed in order to process. Return this form to Adam Kurth, Chief Financial Officer, who will return the completed tax forms to the general contractor for their distribution to the respective parties. Please fax to 319-688-1009 or email to [kurth.adam@iowacityschools.org](mailto:kurth.adam@iowacityschools.org) and [goodwin.lisa@iowacityschools.org](mailto:goodwin.lisa@iowacityschools.org).

**Project Name:** \_\_\_\_\_

### General Contractor Information

1. Company name: \_\_\_\_\_
2. Company address: \_\_\_\_\_
3. Company EIN number: \_\_\_\_\_
4. Contact Name: \_\_\_\_\_
5. Company Phone Number: \_\_\_\_\_

### Sub- Contractor/Vendor Information

1. Company name: \_\_\_\_\_
2. Company address: \_\_\_\_\_
3. Company EIN number: \_\_\_\_\_
4. Contact Name: \_\_\_\_\_
5. Company Phone Number: \_\_\_\_\_

**Matthew Degner – Superintendent of Schools • R Chace Ramey – Deputy Superintendent**



**Sub- Contractor/Vendor Information**

1. Company name: \_\_\_\_\_
2. Company address: \_\_\_\_\_
3. Company EIN number: \_\_\_\_\_
4. Contact Name: \_\_\_\_\_
5. Company Phone Number: \_\_\_\_\_

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