



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 and 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

It is the policy of the Iowa City Community School District not to discriminate on the basis of race, color, national origin, sex, disability, religion, creed, age, marital status, sexual orientation, gender identity and socioeconomic status in its educational programs, activities, or employment practices. There is a grievance procedure for processing complaints of discrimination. If you have questions or a grievance related to this policy, please contact Laura Cottrell (Executive Director of Educational Services & Student Success) for programming at cottrell.laura@iowacityschools.org, Nick Proud (Chief Human Resources Officer) for employment at proud.nick@iowacityschools.org, 2255 N Dubuque Road, Iowa City, Iowa 52245, (319) 688-1000; or if you are unsure how to proceed or would like assistance in discussing your options, you may also contact Janet Abejo-Parker at ombuds@iowacityschools.org or (319) 688-1312.



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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Sub- Contractor/Vendor Information

- 1. Company name: _____

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2. Company address:

3. Company EIN number:

4. Contact Name:

5. Company Phone Number:

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