



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 Curt Pratt, Chief Operating 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 pratt.curt@iowacityschools.org and goodwin.lisa@iowacityschools.org.

Project Name: _____

Start Date _____ **Completion Date** _____

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:** _____

Sub-Contractor/Vendor Information

1. **Company Name:** _____
2. **Company Address:** _____
3. **Company EIN Number:** _____
4. **Contact Name:** _____
5. **Company Phone Number:** _____

Amy Kortemeyer – Interim Superintendent



Sub-Contractor/Vendor Information

1. **Company Name:** _____
2. **Company Address:** _____
3. **Company EIN Number:** _____
4. **Contact Name:** _____
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Amy Kortemeyer – Interim Superintendent