

CONTRACT SUMMARY FORM

NAME

NAME/ADDRESS OF CONTRACTOR (OR SUBCONTRACTOR) REQUESTING REFUND CERTIFICATE:

ADDRESS

NEVADA TAXPAYER IDENTIFICATION NUMBER

CONTACT PERSON & PHONE NUMBER

CONTRACT PARTIES

DATE
CONTRACT
SIGNED or
APPROVED

PROJECT NAME

PROJECT ADDRESS/ LOCATION

DESCRIPTION OF WORK & MATERIALS TO BE
SUPPLIED/FURNISHED/INSTALLED FOR THIS CONTRACT

SAMPLE Contract with construction company, hospital, school district, etc.	SAMPLE Mm/dd/yy	SAMPLE Name of project listed on contract	SAMPLE Physical address (street, city, state)	SAMPLE Will provide materials necessary to fulfill contract terms for...heating...framing...plumbing...millwork...; Furnish & install electrical work...; All materials to complete renovation...remodeling, etc. of...

PLEASE PROVIDE **REQUIRED** CONTRACT SUMMARY INFORMATION (ABOVE). MAKE ADDITIONAL COPIES OF THIS FORM (IF NECESSARY).

SUBMIT WITH OTHER REQUIRED DOCUMENTATION TO :

*NEVADA DEPARTMENT OF TAXATION
CONTRACT REFUNDS
1550 COLLEGE PARKWAY #115
CARSON CITY NV 89706*