1% Contractor's Gross Receipts Gross Receipts Withholding Return

Form CGR-2 is required to be completed and mailed to the Department of Revenue within 30 days after each payment is made to the prime contractor or subcontractor.

1.	Contract Awarded by: Enter the federal employer identification number, business name and address. Place of the federal employer identification number, business name and address.	ace an "X" in	
	Government Entity" box if you are remitting the 1% contractor's gross receipts payment on behalf of a prime contractor. Place an X" in the "Prime Contractor" box if you are allocating the 1% contractor's gross receipts from your prime contractor's account to		
your subcontractor's account.			
	Government Entity X Prime Contractor		
	Federal Identification Number (FEIN): 81-6001310		
	Name: City of Sidney, MT		
	Address: 115 2nd Street SE		
	City: Sidney State: MT Zip Code: 59270		
2.	Contract Awarded to: Enter the federal employer identification number, business name and address. Place an "X" in		
	the "Prime Contractor" box if you are remitting the 1% contractor's gross receipts on behalf of a prime contractor. Place an "X" in		
	"Subcontractor" box if you are allocating the 1% contractor's gross receipts from your prime contractor's account to your		
	subcontractor's account.		
	Prime Contractor X Sub-Contractor		
	Federal Identification Number (FEIN): 84-2268386		
	Name: Advanced Lining, LLC		
	Address: 81 Gold Miner Lane Unit A		
	City: Belgrade State: MT Zip Code: 59714		
3.	Enter the Government Issued Purchase Order Number here	WR23-00-035	
4.	Enter the contract award date here4.	5/15/2023	
5.	Enter the month and year this payment was earned5.	Oct-23	
6.	Enter the gross dollar amount due to the prime contractor or sub-contractor here 6.	\$89,217.60	
7.	Multiply the amount on line 6 by 1% (.01) and enter the result here.		
	This is your 1% Contractor's Gross Receipts7.	\$892.18	
8.	Subtract line 7 from line 6 and enter the result here. This is the net amount paid to the prime		
	contractor or subcontractor 8.	\$88,325.42	
9.	Check the box below that identifies the type of return you are filing and enter the date the payment was made to the prime contractor or subcontractor		
9(a)			
9(b)			
	Enter a description of work to be performed under this contract.		
	200,000 Gal On-Ground Water Tank Relining		
11.	Enter the location in Montana where this work is performed. Be specific with your description.		
	Sidney, MT		
With	olding return submitted by: Select the appropriate box identifying which entity is completing this return; sign this		
returi	n and enter the information requested below.	n Only	
	Government Entity Prime Contractor Sub-Contractor		
	Our	r muct	
Prep	Preparer's Signature: Owner must		
	Preparer's Title: Date: January 0, 1900		
Tele	Telephone Phone: E-TTE at htrackumbe: ab.cor.mt.gov.		