

CITY OF SIDNEY

115 2nd St. S.E.
 Sidney, Montana 59270
 Telephone:433-2809

FAX:433-7509

This claim must be itemized and invoice attached or payment cannot be made.

39503

Claim Number

Warranty Number

536

Vendor Number

Claimant: DEPARTMENT OF REVENUE

Address: 26187 NORTHLINE ROAD

City, Zip: TAYLOR, MI 48180

DESCRIPTION	FUND	ACCOUNT	OBJ	AMOUNT	INV DATE	INV #	PO #
1% CONTRACTORS GROSS RECEIPTS	5210	430500	952	\$2,864.96	11/21/2021		NA
TOTAL				\$2,864.96			

I Certify that this claim is correct and just in all respects and that payment or credit has not been received.

CLAIMANT SIGNATURE Breanna Shanks

Dissallowed: _____

Approved: _____

Chairman _____



**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 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 <input checked="" type="checkbox"/> Prime Contractor <input type="checkbox"/>	
		Federal Identification Number (FEIN): 81-6001310	
		Name: City of Sidney	
		Address: 115 2nd Ave 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 <input checked="" type="checkbox"/> Sub-Contractor <input type="checkbox"/>	
		Federal Identification Number (FEIN): 26-0531908	
		Name: FER-PAL Construction USA LLC	
		Address: 26187 Northline Road	
		City: Taylor State: MI Zip Code: 48180	
3.	Enter the Government Issued Purchase Order Number here.....	3.	S2000117
4.	Enter the contract award date here.....	4.	6/4/2021
5.	Enter the month and year this payment was earned.....	5.	Nov-21
6.	Enter the gross dollar amount due to the prime contractor or sub-contractor here.....	6.	\$286,495.67
7.	Multiply the amount on line 6 by 1% (.01) and enter the result here. This is your 1% Contractor's Gross Receipts.....	7.	\$2,864.96
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.	\$283,630.71
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)	<input checked="" type="checkbox"/> I am enclosing the amount reported on line 7 for credit to my prime contractor's account.		
9(b)	<input type="checkbox"/> I am allocating the amount reported on line 7 for credit to my subcontractor's account.		
10.	Enter a description of work to be performed under this contract. West Holly Street Water Improvements		
11.	Enter the location in Montana where this work is performed. Be specific with your description. West Holly Street, Sidney, Montana		
Withholding return submitted by: Select the appropriate box identifying which entity is completing this return; sign this return and enter the information requested below.			
Government Entity <input checked="" type="checkbox"/> Prime Contractor <input type="checkbox"/> Sub-Contractor <input type="checkbox"/>			
Preparer's Signature:			
Preparer's Title:		Date: November 18, 2021	
Telephone Phone:		(406) 433-5617	Fax Number: n/a

Please mail this registration to:
Department of Revenue, P.O. Box 5835, Helena, MT 59604-5835

CITY OF SIDNEY
115 SECOND STREET S.E.
SIDNEY, MONTANA 59270
CLAIMS FUND 7930

FOR _____
PRESENTED AND REGISTERED _____
(NOT PAID FOR WANT OF FUNDS)
TREASURER _____
BY DEPUTY _____
\$ _____ INT: _____ TOT: _____

STOCKMAN BANK
101 S CENTRAL AVE.
SIDNEY, MT 59270
406-433-8600
93-524/929

37638

01/11/22

WARRANT NO.

CLAIMS WARRANT

PAY THIS AMOUNT

\$2,864.96

Two Thousand Eight Hundred Sixty-Four Dollars and
Ninety-Six Cents

PAY

WILL
PAY
TO

DEPARTMENT OF REVENUE
PO BOX 5835
HELENA MT 59604-5835

RUB RED IMAGE
FADES WITH HEAT

⑈037638⑈ ⑆092905249⑆3010010486⑈

CITY OF SIDNEY - 115 2ND ST. S.E., SIDNEY, MT 59270

DETACH AND RETAIN FOR YOUR RECORDS

37638

Doc #	Invoice	Inv. Date	Description	Amount
536	DEPARTMENT OF REVENUE		#: 37638	\$2,864.96
39503		11/21/21	1% CONTRACTORS GROSS RECEIPTS	\$2,864.96

CITY OF SIDNEY - 115 2ND ST. S.E., SIDNEY, MT 59270

DETACH AND RETAIN FOR YOUR RECORDS

37638