

CRST REVENUE, P.O BOX 590, EAGLE BUTTE, SD 57625  
Phone: 605.964.7071 Fax: 605.964.7070

**CONTRACTORS PROJECT FORM**

Prime Contractor \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor's Excise Tax No.: \_\_\_\_\_ Contract Amount: \_\_\_\_\_

Use this code **\*\*CRST 408-2\*\*** on the SD tax form to report the excise tax

Project Description: \_\_\_\_\_

Location of Project: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Finish Date: \_\_\_\_\_

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List All Subcontractors For This Project:

SUBCONTRACTOR	PHONE NO.	FAX NO.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

All Contractors must obtain a CRST Business License.

Add additional subcontractors on separate sheet or back of this form.

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I agree that this information is correct to the best of my knowledge and if there are any changes to the contract amount or in the subcontractors I will notify the CRST Revenue Office at 605-964-7071, or fax 964.7070.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date