Mississippi Contractor's Application for Material Purchase Certificate and/or Contract Qualification

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This form must be typed or printed. Copies or reproductions of the official form are not acceptable. Incomplete forms will be returned without processing. Round to the nearest whole dollar (no pennies). This application must be completed by Prime Contractor for each commercial construction contract over \$10,000. Tax must be covered by a job or blanket bond if not pre-paid. If the contract is \$75,000 or less, and performed by a contractor with a business location inside the State of Mississippi, the tax may be paid on a monthly basis in the same nature as a contract covered by a bond.

the state of modestippi, the tax may so pare the mentally	TO BE COMPLETED BY DEPARTMENT OF REVENUE							
Sales Tax Account No. :	Material Purchase Certificate Number:							
SECTION A: Business Information								
1. Type of Ownership: C Corporation S Corporation Partnership - General Partnership - Limited Sole Proprietor LLP LLC-Partnership LLC-Corporation Single Member LLC-Divis Single Member LLC-Sole								
2. Identification: FEIN	SSN							
3. Contractor's Name								
Business Name (DBA)								
Primary Address								
City		County	ZIP					
Mailing Address								
City		County	ZIP					
Phone ()	Ext.	Fax ()						
SECTION B: Contract Information - Application is made f	or material purchase certificat	e covering the followir	ng contract:					
4. Date of Contract								
Estimated Start Date	Estimated Start Date / Estimated Completion Date / /							
5. Description of work to be performed:		Month Day	Year					
6. Name and Address of Owners for whom contract is to be pe	erformed:							
7. Phone ()	Ext							
8. Location of Job Site								
City	State County		ZIP					
9. Estimated Contract Price or Compensation to be received (whole dellar)								
whole dollar)	\$							

Form 72-405-10-8-2-000 (Rev. 05/10)

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Phone

SECTION B: Cor	tract informat	ion (Contint	ued from Page 1)				
bond posted for p Purchase Certific	ayment of Sale ate will be issue	es, Use, Incor ed. If the cont	ne, Franchise, Withh ract is \$75,000 or les	olding ares and pe	nd Other Moter erformed by a	or Fuel (Diesel Fuel) T	iness location inside the
Check only one	ROL		TO NEAREST WHOLE LLAR		epaid Use Tax	(NTS TO NEAREST WHOLE DOLLAR
Prepaid Sales Tax				(A	tách Form 72-		
If prepaid, contracto and notarized.	rs without an in	state location	nly sales tax return (Fi n, include Form 72-340 with an in state locat) Certifica	l0). ate of Prime C	Contract Amount, compl	eted by the project owner
Blanket Bond A	mount	Date	Bondii	ng Compar	ny		
If blanket bond, contained notarized.	ractors without	an in state loc	ation include Form 72	-340 Cer	tificate of Prin	me Contract Amount, co	mpleted by the project own
Job Bond B	onding Company						
Job Bond (Rider v	vith performance	bond) Bond	ing Company				
CECTION C. C. b	a a m two oto v Tod	over etien					
SECTION C: Sub Complete the follow			n of work will be perf	ormed b	y subcontrac	tors	
Subcontractor Name		Street Address			Zin	Contract Amount	Work to be Performed
			City	State	Zip		
				_			
				-			
				-			
				-			
Make Check Payable To:	Mississippi Dep Revenue P. O. Box 1033 Jackson, MS 39	residential structure, excluding apartments and condominiums, as stated in Miss. Code Ann. § 27-65-2′ If it is later determined that it is residential in nature, the MPC will be withdrawn and adjustments will b made to the correct tax liability in audit.					
Physical Address:	1577 Springridge Road Raymond, MS 39154 I declare, under the penalties of perjury, that this application (including any accompanying sched has been examined by me and to the best of my knowledge and belief is a true, correct and companying sched application.						
	(601)923-7015				Signature	of Applicant or Agent	

Date