



# Registration Form Out of State Contractors

Massachusetts  
Department of  
Revenue

**\*\*All contractors and subcontractors must complete this form before commencement of contract**

## Contractor and subcontractor information.

1. Legal name:

2. Legal address:

City/Town:

State:

Zip:

**Mailing address: (if different)**

City/Town:

State:

Zip:

3. Telephone:

Fax::

4. Name of contact:

Title:

5. Federal Identification number:

## Contract information

Type of contractor: (check one)

**General contractor**

Provide a list of subcontractors including Federal Identification number, amount of contract and type of contract.  
(attach separate sheet, if necessary)

**Subcontractor (if you are a Sub)**

Name of general contractor:

Address of general contractor:

6. Name of principal party who commissioned construction:

Address:

City/Town:

State:

Zip:

7. **Project name:**

8. Project address:

City/Town:

State:

Zip:

9. Commencement date of contract:

10. Expected completion date:

11. Scope of work to be performed: (attach separate sheet, if necessary)

12. **Contract price:**

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**13. Type of contract:**

**Labor only**

Must provide a copy of the scope of the work from actual contract.

**Exempt**

Must provide a copy of **ST-2**, Certificate of Exemption, and a completed [Form ST-5C](#).

**Material**

If contract price is over \$20,000.00 contractors must provide deposit check or Bond in the amount of 6.25% of total contract amount.

**Material and labor**

If contract price is over \$20,000.00 contractors must provide deposit check or bond in the amount of 6.25% of total contract amount.

**Note:** If your company hired any subcontractors for any portion of the contract please provide a list of the subcontractors including Federal Identification number, the amount of contract and the type of contract (Material, labor or Material and labor).

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**Bond or surety information**

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**14. Check one:**

**Bond supplied ([Guaranteed Bond Form](#))**

Contract price X 6.25% =

**Certified check**

Contract price X 6.25% =

**Note:** \*\*The Bond must remain in force until the completion of the job and until all tax returns are filed for the contract. The Bond should correspond with the start date of the contract and extend at least six months after the expected completion date of the contract.

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**Registered vendor identification number:**

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Office use: Verified:

Date:

By:

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**Certification**

I hereby certify that the statements made here have been examined by me, and are, to the best of my knowledge and belief, true and correct.

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Signature:

Title:

Date:

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**Please be sure that the company is registered to pay and file the appropriate taxes before submitting the request for a Certificate of Compliance. If you have any questions on how to register your business please contact our customer service department at (617) 887-6367.**

**Submit completed package to:**

**Massachusetts Department of Revenue  
Out of State Contractors Unit  
200 Arlington Street, Room 4300  
Chelsea, MA 02150**

For additional information please visit our website, <http://www.mass.gov/dor> or call (617) 887-6995.