

Scanband Version of Form 72-405-01-5 Contractor's Application for Material Purchase Certificate and/or Contract Qualification

This form is not to be used by your taxpayer until the July 2001 tax period that is due by August 20, 2001. The use of the attached form prior to August 2001, will result in such form being sent back to the taxpayer without processing. A penalty may be assessed to you or the taxpayer.



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

Form 72-405-01-5-1-000 (Rev. 5/01)

Page 1

BP
PP
LP

AC
CP

For Computer Use Only - Do Not Write Above This Line

IMPORTANT: Photocopies or hand completions of this form are **NOT** acceptable.

Do not photocopy this form - submit the original. 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 an 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.

Account Number

TO BE COMPLETED BY TAX COMMISSION

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-Division of Parent
 - Single Member LLC-Sole Proprietorship
 - Other: Specify _____

2. Identification: FEIN _____ SSN _____

3. Contractor's Name..... _____
 Business Name (DBA)..... _____
 Primary Address..... _____
 City..... State County ZIP
 Mailing Address..... _____
 City..... State County ZIP
 Phone..... () Ext. Fax ()

SECTION B: Contract Information - Application is made for material purchase certificate covering the following

4. Date of Contract _____

Estimated Start Date _____ Estimated Completion Date _____

5. Description of work to be performed:

6. Name and Address of Owners for whom contract is to be performed:

7. Phone Number..... () Ext. _____

8. Location of Job Site.....
City State County ZIP

9. Estimated Contract Price or Compensation to be received (round to the nearest whole dollar).....



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

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Page 1

11/9
11/10
11/11

22/9-31/9
22/10-31/10

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The beginning and ending positions of each data box above are referenced in the box.



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

Form 72-405-01-5-1-000 (Rev. 5/01)

Y	025123457	
N	2000000	
N		

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TO BE COMPLETED BY TAX COMMISSION
Material Purchase Certificate Number

Account Number 025-12345-7

SECTION A: Business Information

1. Type of Ownership: LLP
 C Corporation LLC-Partnership
 S Corporation LLC-Corporation
 Partnership - General Single Member LLC-Division of Parent
 Partnership - Limited Single Member LLC-Sole Proprietorship
 Sole Proprietor Other: Specify _____

2. Identification: FEIN _____ SSN 587-62-0000

3. Contractor's Name..... _____
 Business Name (DBA)..... _____
 Primary Address..... _____
 City..... _____ State County ZIP
 Mailing Address..... _____
 City..... _____ State County ZIP
 Phone..... () Ext. Fax ()

SECTION B: Contract Information - Application is made for material purchase certificate covering the following contract:

4. Date of Contract 05-21-01

 Estimated Start Date 01-05-02 Estimated Completion Date 12-05-10

5. Description of work to be performed:

6. Name and Address of Owners for whom contract is to be performed:

7. Phone Number..... () Ext. _____

8. Location of Job Site..... _____

 City State County ZIP

9. Estimated Contract Price or Compensation to be received (round to the nearest whole dollar)..... 2,000,000



MS **Mississippi**
Contractor's Application for Material Purchase Certificate
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PP
 TP
 BB

JTB
 JTR

AC
 PS
 PU

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SECTION B: Contract Information (Continued from Page 1)

10. Sales Tax and Use Tax on contracts in excess of \$10,000 (\$75,000 if contractor with location inside the State of Mississippi) must be prepaid or job or blanket bond posted for payment of Sales, Use, Income, Franchise, Withholding and Other Motor Fuel (Diesel Fuel) Taxes before Material Purchase Certificate will be issued. If the contract is \$75,000 or less and performed by an 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.

Check only one

Prepaid Sales Tax ROUND AMOUNTS TO NEAREST WHOLE DOLLAR Prepaid Use Tax (Attach Schedule) ROUND AMOUNTS TO NEAREST WHOLE DOLLAR

Tax due on overruns must be remitted with monthly sales tax return (Form 72-010).

If prepaid, contractors without a location inside the State of Mississippi include Form 72-340 Certificate of Prime Contract Amount, completed by the project owner and notarized.

Total contract price \$75,000 or less (contractors with location inside the State of Mississippi only.)
 Blanket Bond Amount Date Bonding Company

If blanket bond, contractors without a location inside the State of Mississippi include Form 72-340 Certificate of Prime Contract Amount, completed by the project owner and notarized.

Job Bond Bonding Company
 Job Bond (Rider with performance bond) Bonding Company

SECTION C: Subcontractor Information

Complete the following information if **any** portion of work will be performed by subcontractors

Subcontractor Name	Street Address			Contract Amount	Work to be Performed
	City	State	Zip		

Make Check Payable To: Mississippi Tax Commission
 P. O. Box 1033
 Jackson, MS 39215

Physical Address: 1577 Springridge Road
 Raymond, MS 39154

(601)923-7015

The contract described above is not in any way for work to be performed on or associated with a residential structure as stated in Rule 41. If it is later determined that it is residential in nature, the MPC will be withdrawn and adjustments will be made to the correct tax liability in audit.

I declare, under the penalties of perjury, that this application (including any accompanying schedules) has been examined by me and to the best of my knowledge and belief is a true, correct and complete application.

 Signature of Applicant or Agent

 Date

 Phone



MS **Mississippi**
Contractor's Application for Material Purchase Certificate
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Page 2

11/9

22/9

33/9-42/9

11/10

22/10

33/10-42/10

11/11

33/11-42/11

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

Form 72-405-01-5-1-000 (Rev. 5/01)

Y	N	025123457
N	N	500000
N		100000

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SECTION B: Contract Information (Continued from Page 1)

10. Sales Tax and Use Tax on contracts in excess of \$10,000 (\$75,000 if contractor with location inside the State of Mississippi) must be prepaid or job or blanket bond posted for payment of Sales, Use, Income, Franchise, Withholding and Other Motor Fuel (Diesel Fuel) Taxes before Material Purchase Certificate will be issued. If the contract is \$75,000 or less and performed by an 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.

Check only one

<input checked="" type="checkbox"/> Prepaid Sales Tax	ROUND AMOUNTS TO NEAREST WHOLE DOLLAR	500,000	Prepaid Use Tax (Attach Schedule)	ROUND AMOUNTS TO NEAREST WHOLE DOLLAR	100,000
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Tax due on overruns must be remitted with monthly sales tax return (Form 72-010).

If prepaid, contractors without a location inside the State of Mississippi include Form 72-340 Certificate of Prime Contract Amount, completed by the project owner and notarized.

Total contract price \$75,000 or less (contractors with location inside the State of Mississippi only.)

Blanket Bond Amount _____ Date _____ Bonding Company _____

If blanket bond, contractors without a location inside the State of Mississippi include Form 72-340 Certificate of Prime Contract Amount, completed by the project owner and notarized.

Job Bond Bonding Company _____

Job Bond (Rider with performance bond) Bonding Company _____

SECTION C: Subcontractor Information

Complete the following information if **any** portion of work will be performed by subcontractors

Subcontractor Name	Street Address			Contract Amount	Work to be Performed
	City	State	Zip		

Make Check Payable To:

Mississippi Tax Commission
P. O. Box 1033
Jackson, MS 39215

The contract described above is not in any way for work to be performed on or associated with a residential structure as stated in Rule 41. If it is later determined that it is residential in nature, the MPC will be withdrawn and adjustments will be made to the correct tax liability in audit.

I declare, under the penalties of perjury, that this application (including any accompanying schedules) has been examined by me and to the best of my knowledge and belief is a true, correct and complete application.

Physical Address:

1577 Springridge Road
Raymond, MS 39154

(601)923-7015

Signature of Applicant or Agent

Date

Phone

Key to Data Fields for the Mississippi Contractor's Application for Material Purchase Certificate and/or Contract Qualification Form 72-405-01-5

Key to the data fields for the Contractor's Application for Material Purchase Certificate form scanband version for 2001/2002, Form Number 72-405-01-5. All grid locations are presented as: x/y the beginning location to x/y as the ending location on the 10/6 grid.

Page 1

The top left corner of the barcode is located at position 6/4 to 20/4.

The top right registration mark is located at the top right corner at grid 80/4.

The lower left registration mark is located at the lower left corner at grid 6/63.

The lower left corner of the scanband must be located on the left and bottom edge of grid 6/20.

"MS" to the left of the header must begin at grid 27/4 and end at grid 28/4 and is in an Arial 12pt.

Page 2

The top left corner of the barcode is located at position 6/4 to 20/4.

The top right registration mark is located at the top right corner at grid 80/4.

The lower left registration mark is located at the lower left corner at grid 6/63.

The lower left corner of the scanband must be located on the left and bottom edge of grid 6/20.

"MS" to the left of the header must begin at grid 27/4 and end at grid 28/4 and is in an Arial 12pt.

If a draft version of this form is released in your software, the print function must be disabled. If a draft version is filed, it will be returned to the taxpayer and a penalty may apply to you or your customer.

Provider forms are only accepted after approval. It is not acceptable for a taxpayer to print out a blank copy of the form and hand complete it. A hand completed version of a provider form will be sent back to the taxpayer and a penalty may apply to you or your customer. All forms must be original laser printed forms. **Photocopies are NOT acceptable.**

The following is the labeling and the description of the items to be included in the Scanband of this form. The beginning and ending data positions are included in one of the templates for this form. The field length is included in this key for each data position. Grid positioning given is from the first grid space and through the last grid space included in a data field. (Example 27/10 to 36/10 is 10 grid spaces). You should use this information to position the data on the returns. Do not use a grid overlay to determine the positions from a printed paper form. The field length specified assumes using a **Courier 12pt. font or OCR-A 12pt. font**, which are the required fonts. All data fields in the scanband should be right justified. All fields in the scanband must be filled. If the field is blank a "0" should be used for numeric field; and "N" for all alpha and alpha/numeric fields.

The money field in the scanband should **not** contain any commas, cents, decimals or other formatting information except for the negative signs (-) as a leading indicator for any negative amount. The amounts in the body of the return **should** contain commas. Pennies should always be rounded to whole dollars. No pennies or decimals should be anywhere on the return. Example -123,456 in the body of the form would appear a -123456 in the scanband.

Front (Page 1) of the form:

Field Name	Description
BP	Bond Posted-An X in the body of the form indicates a bond is posted. A "Y" in the scanband if bond is posted and a "N" if no bond is posted. This field is 1 character long. Begins and ends at grid space 11/9.
PP	Prepaid Sales Tax - An X in the body of the form indicates that the tax has been prepaid. A "Y" in the scanband if the tax is prepaid an "N" if there is no prepayment. This field is 1 character long. Begins and ends at grid space 11/10.
TP	Total contract Price-An "X" in the body of the form indicates the the payment is made on a contract less the \$75,000. A "Y" in the scanband if the method of payment is used. This field is 1 character long. Begins and ends at grid space 11/11.
AC	Account Number - The account number field should be 9 digits long and contain leading zeros. Example 001-23456-7 in the body of the form would appear as 001234567 in the scanband. Data position is 22/9 to 31/9. This number will be the same as appears on the 72-010-01-5.
CP	Contract Price-This is the compensation to be recieved for the total contract. this field is 10 character long. Beginning at grid 22/10 and ending at 31/10

Back (Page 2) of the form: Form Number 72-405-01-5

- PP Prepaid Sales Tax - An X in the body of the form indicates that the tax has been prepaid. A "Y" in the scanband if the tax is prepaid, an "N" if there is no prepayment. This field is 1 character long. Begins and ends at grid space 11/9.
- TP Total contract Price-An "X" in the body of the form indicates the the payment made on a contract is less than \$75,000. A "Y" in the scanband if this method of payment is used. This field is 1 character long. Begins and ends at grid space 11/10.
- BB Blank Bond - An X in the body of the form indicates that the tax has been prepaid. A "Y" in the scanband if the tax is prepaid an "N" if there is no prepayment. This field is 1 character long. Begins and ends at grid space 11/11.
- JB Job Bond - An X in the body of the form indicates that job bond is posted. A "Y" in the scanband if the tax is prepaid an "N" if there is no prepayment. This field is 1 character long. Begins and ends at grid space 22/9.
- JR Job Bond Rider - An X in the body of the form indicates that a rider is attached to a job bond. A "Y" in the scanband if the tax is prepaid an "N" if there is no prepayment. This field is 1 character long. Begins and ends at grid space 22/10.
- AC Account Number - The account number field should be 9 digits long and contain leading zeros. Example 001-23456-7 in the body of the form would appear as 001234567 in the scanband. Data position is 33/9 to 42/9/9.This number will be the same as appears on the 72-010-01-5.
- PS Prepaid Sales Tax - This is the amount of sales tax that is prepaid. This field is 10 character long. Begins at grid space 33/10 and ends at grid space 42/10.
- PU Prepaid Use Tax - This is the amount of use tax that is prepaid. This field is 10 character long. Begins at grid space 33/11 and ends at grid space 42/11.