

THIS FORM MUST BE COMPLETED BY ALL CONTRACTORS WHO USE NON-RESIDENT SUBCONTRACTORS

1. Enter Federal Employee Identification Number OR Social Security Number

1 - -

2 - - -

2. Name (Submitted by: General Contractor Architect Engineer {Circle One})

3. Business Name if Different from Above

4. Business Location Address 5. Location of Project

City State Zip Code City State Zip Code

6. Contract have been awarded to the following nonresident contractors and nonresident subcontractors:

Name & Address

1	Date of Award: _____	Employer ID No.	DE Business License No.
	<input type="text"/>	Amount of Contract	Business Code
	<input type="text"/>		
2	Date of Award: _____	Employer ID No.	DE Business License No.
	<input type="text"/>	Amount of Contract	Business Code
	<input type="text"/>		
3	Date of Award: _____	Employer ID No.	DE Business License No.
	<input type="text"/>	Amount of Contract	Business Code
	<input type="text"/>		
4	Date of Award: _____	Employer ID No.	DE Business License No.
	<input type="text"/>	Amount of Contract	Business Code
	<input type="text"/>		
5	Date of Award: _____	Employer ID No.	DE Business License No.
	<input type="text"/>	Amount of Contract	Business Code
	<input type="text"/>		

(See back of return for additional space.)

Contracts have been awarded to the following nonresident contractors and nonresident subcontractors:

Name & Address

6 Date of Award: _____

Employer ID No.	DE Business License No.
Amount of Contract	Business Code

7 Date of Award: _____

Employer ID No.	DE Business License No.
Amount of Contract	Business Code

8 Date of Award: _____

Employer ID No.	DE Business License No.
Amount of Contract	Business Code

9 Date of Award: _____

Employer ID No.	DE Business License No.
Amount of Contract	Business Code

10 Date of Award: _____

Employer ID No.	DE Business License No.
Amount of Contract	Business Code

11 Date of Award: _____

Employer ID No.	DE Business License No.
Amount of Contract	Business Code

12 Date of Award: _____

Employer ID No.	DE Business License No.
Amount of Contract	Business Code

13 Date of Award: _____

Employer ID No.	DE Business License No.
Amount of Contract	Business Code

14 Date of Award: _____

Employer ID No.	DE Business License No.
Amount of Contract	Business Code

15 Date of Award: _____

Employer ID No.	DE Business License No.
Amount of Contract	Business Code

LINE-BY-LINE INSTRUCTIONS

FORM 5060

1. Enter the account number of the business for which you are filing. This is either a federal employer identification number or a social security number, and can be found in your annual gross receipts coupon book.
2. Enter the contractor's business name, as it appears on the Delaware business license.
3. Enter the contractor's mailing address.
4. Enter the month and year for which the gross receipts tax is being reported. Enter the total amount of gross receipts being reported. (The total on Line 4 should also be entered on Line 1 of your gross receipts reporting coupon.)
5. List payments made to subcontractors. If you are reporting payments to more than five subcontractors, use the back of Form 1280 for additional space:
 - 1) Enter the subcontractor's business name and mailing address in the field provided.
 - 2) Enter the subcontractor's employer identification number.
 - 3) Enter the total amount of payment(s) made to the subcontractor.
 - 4) Enter the subcontractor's Delaware business license number. **Payments to subcontractors without a current business license will be denied.**
 - 5) Enter the subcontractor's business code (this can only be business code 331, 332, 333, 335, 336 or 337).
6. Enter the total amount of payments made to subcontractors. (The total on Line 6 should also be entered on Line 2 of your gross receipts reporting coupon.)
7. Subtract Line 6 from Line 4. Enter this amount on Line 7. (The amount on Line 7 should also be entered on Line 3 of your gross receipts reporting coupon.)

The following is a listing of activities/expenses which are **NOT DEDUCTIBLE** as amounts paid to subcontractors:

Accounting Expenses	Horticulture
Advertising	Inspections
Architects	Interior Designers/Decorators
Attorneys	Material supplied without labor
Cleaning	Operating Expenses
Construction Management	Realtors
Delivery or transportation charges	Sanitation
Employment Agencies or temporary employees	Security
Engineers	Surveyors
Environmental Studies	Taxes or other fees paid to any state, county, city or municipality
Equipment Rental	Trailer Rentals
Exterminators	Trash Removal
Hauling	Utility Expenses

(Form 5060 - Revised 11/2007)