



NORTHWEST ILLINOIS ENTERPRISE ZONE BUILDINGS MATERIALS EXEMPTION CERTIFICATE

PLEASE WRITE LEGIBLY AND COMPLETE ALL FIELDS.

THE INFORMATION REQUESTED IS REQUIRED BY THE ILLINOIS DEPARTMENT OF REVENUE.

PROJECT INFORMATION

Project Name (or name of business in Enterprise Zone): _____

Project Address (No P.O. Boxes): _____

City/State/Zip: _____

Contractor or Subcontractor Name: _____

Contact Person (First, Last): _____

Contact Business Address: _____

City/State/Zip: _____

Contact Phone Number: _____

Email: _____ FEIN: _____

Total Contract Amount on Project: \$ _____

Percentage of total contract amount that consists of building materials qualified for exemption:

_____ %

Estimated Average Sales Tax Rate: _____ %

Contract amount that consists of building materials qualified for exemption:

\$ _____

Project description: _____

Applicant's Expected Completion Date*: _____

Signature: _____