

Georgia Department of Revenue Sales Tax Contracting Unit 2595 Century Parkway NE Suite 317

Atlanta, GA 30345-3173

Phone: 1 (877) 423-6711 E-mail: TSD-sales-tax-contractors@dor.ga.gov Website: https://dor.georgia.gov

REQU	JEST FOR RELEASE O	F RETAINA	GE
This form is ONLY to be submi	tted by the nonresident sub	ocontractor:	Date:
This is to certify that retainage fund Subcontractor under the requiremen	_	_	-
1. Subcontractor's Name			
2. Subcontractor's Address			
3. Subcontractor's Sales & Use Tax Number (REQUIRED)			
4. Job Number			
5. Bond Number			
6. Job Location			
7. Period Work was in Progress			
8. General Contractor's Name			
9. General Contractor's Address			
A Retainage Release	will not be sent out until the l	iability has been	paid in full.
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			(Subcontractor's Contact Perso
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