

MISSISSIPPI DEPARTMENT OF REVENUE

SALES TAX SURETY BOND

STATE OF MISSISSIPPI

BOND NUMBER _____

KNOW ALL MEN BY THESE PRESENTS, THAT _____

Legal/Business Name (Owner's name if sole proprietor)

Trading As

Address

City

State

Zip

As Principal, and _____, as Surety, are held and firmly bound unto the State of Mississippi in the just and full sum of _____ Dollars (\$ _____), for the payment when due of sales taxes, damages, interest and penalties which may accrue to the State of Mississippi under Miss Code Ann. § 27-65-1 et seq., and amendments thereto, for the payment of which taxes, damages, interest and penalties well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, by these presents.

The condition of this bond is, that:

WHEREAS, by the provisions of Miss. Code Ann. § 27-65-27, as amended, the Commissioner shall require of every person desiring to engage in business with this state, who maintains no permanent place of business within this state, and of every person desiring to engage in the business of making retail sale of mobile homes, a cash bond or an approved surety bond in an amount sufficient to cover twice the estimated tax liability for a period of three months; and the Principal herein desiring to so engage in business of:

Nature of Business

NOW THEREFORE, if the said Principal shall, from the _____ day of _____, 20____, well and truly pay all sales taxes which may accrue to the State of Mississippi on account of said business conducted when same shall become due and payable, then this obligation is void, otherwise to remain in full force and effect.

PROVIDED, HOWEVER, that no new liability shall accrue under this bond sixty days after receipt by the Obligee of written notice from the Surety of its desire to cancel this bond.

NOTWITHSTANDING the tax information and return confidentiality provisions contained within Miss Code Ann. § 27-65-1 et seq., § 27-67-1 et seq., 27-7-1 et seq., 27-13-1 et seq., 27-7-301 et seq., and 27-55-501 et seq., and to any claim against said surety made by the Department of Revenue which is covered by this bond.

Witness our signature this _____ day of _____, 20____.

PRINCIPAL: _____

ATTEST: _____

SURETY: _____

Countersigned by: _____

FOR DOR INTERNAL USE

Filed and approved this _____ day of _____, 20____.

THIS BOND AND POWER OF ATTORNEY FORM SHOULD BE MAILED OR DELIVERED TO YOUR DESIGNATED DISTRICT OFFICE LISTED ON THE BACK OF THIS FORM. THE ORIGINAL BOND MUST BE SUBMITTED. COPIES WILL NOT BE ACCEPTED.

DOR District Offices and Service Areas

Determine your District Office by the county where your business is located

Adams, Amite, Claiborne, Copiah, Covington, Franklin, Forrest, George, Greene, Hancock, Harrison, Jackson, Jefferson, Jefferson Davis, Jones, Lamar, Lawrence, Lincoln, Marion, Pearl River, Perry, Pike, Simpson, Stone, Walthall, and Wilkinson	Gulf Coast District Office 1141 Bayview Avenue, Suite 400 Biloxi, MS 39530 Ph: (228) 436-0554 Fax: (228) 436-0964
Alcorn, Benton, Bolivar, Calhoun, Carroll, Chickasaw, Clay, Coahoma, DeSoto, Grenada, Itawamba, Lafayette, Lee, Leflore, Marshall, Monroe, Montgomery, Panola, Pontotoc, Prentiss, Quitman, Sunflower, Tallahatchie, Tate, Tippah, Tishomingo, Tunica, Union, Webster, Yalobusha, and the following cities in TN: Arlington, Bartlett, Collierville, Germantown, Memphis, Millington	Hernando District Office 2631 McIngvale Road, Suite 116 Hernando, MS 38632 Ph: (662) 449-5150 Fax: (662) 449-5163
Attala, Choctaw, Clarke, Hinds, Holmes, Humphreys, Issaquena, Jasper, Kemper, Lauderdale, Leake, Lowndes, Madison, Neshoba, Newton, Noxubee, Oktibbeha, Rankin, Scott, Sharkey, Smith, Warren, Washington, Wayne, Winston, Yazoo	Meridian District Office P.O. Box 5794 Meridian, MS 39302 900A Highway 19 South Meridian, MS 39301 Ph: (601) 483-2273 Fax: (601) 693-2473

Key Terms:

Bond Number: Issued from the Insurance Company

Owner of the Business: Sole Proprietor- the owner's legal name; LLC, Inc, or Partnership- the legal name of the entity listed on the IRS CP575

Trading As: Doing Business As

Address: Business physical address/location

Principal: Owner's Signature

Attest: Witness to the principal's signature

Surety: Insurance company

Countersigned by: May be used by Insurance company, but may not be required