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Georgia Department of Revenue
Taxpayer Services Division
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NONRESIDENT CONTRACTOR'S PERFORMANCE TAX BOND

STATE OF GEORGIA

FILE NO. \_\_\_\_\_

COUNTY OF \_\_\_\_\_

(FOR DEPARTMENT USE ONLY)

Surety Bond No. \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS:

That we, \_\_\_\_\_

AS PRINCIPAL, and \_\_\_\_\_ a surety
company incorporated and existing under the laws of the State of \_\_\_\_\_, and licensed and
authorized to execute bonds and undertakings as a surety in the State of Georgia, AS SURETY, are held and firmly bound
unto the STATE REVENUE COMMISSIONER of the State of Georgia, and his successors in office, for the use and
benefit of said State and the political subdivisions thereof, AS OBLIGEE, in the sum of

(\_\_\_\_\_) DOLLARS, for payment of which, we bind ourselves, our heirs, executors, administrators,
and successors, as the case may be, jointly, severally, and firmly by these presents.

The Condition of the Foregoing Obligation Is Such That:

Whereas, The above Principal, being a nonresident contractor, is now or will be engaged under a contract, or
contracts commenced during the current calendar year under which the bond is filed, hereby tenders this bond to comply
with Sections 48-13-30 through 48-13-38 of the Official Code of Georgia Annotated, together with Rules and Regulations
promulgated by the Commissioner of Revenue.

Now, Therefore, the condition of this bond is such that if the Principal shall promptly pay to the State of Georgia
and the political subdivisions thereof all taxes, including contributions due under the employment security law, together
with penalties and interest collectible as taxes, which may accrue during the period of this bond on account of
the execution by the Principal of contracts covered by this Act, then this bond shall be void; otherwise it shall remain in full
force and effect as provided by said Act.

In Witness Whereof, the said Principal has hereunto set his hand and affixed this seal, and the said Surety has
caused these presents to be duly executed by its duly authorized officials, or is duly authorized attorney in fact, and its
corporate seal to be hereunto affixed, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_(L.S.)
Local Agent

\_\_\_\_\_(L.S.)

\_\_\_\_\_  
Address

By \_\_\_\_\_(L.S.)

Attorney in Fact

Approved this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Note: The official or attorney in fact signing for Surety shall attach to the original bond a certified copy of authority or power to bind the Surety.
It shall show that the power is in force and effect at the time of the execution of the bond.

An Equal Opportunity Employer

# Surety Bond Application

AGENCY NAME: \_\_\_\_\_ AGENCY CONTACT: \_\_\_\_\_  
 AGENCY PHONE: \_\_\_\_\_ AGENCY FAX: \_\_\_\_\_ AGENCY EMAIL: \_\_\_\_\_  
 AGENCY ADDRESS: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CURRENT OR EXPIRING QUOTE WE ARE LOOKING TO BEAT?** \_\_\_\_\_  
**NAME OF PREVIOUS SURETY COMPANY WRITING THE BOND?** \_\_\_\_\_

**SECTION I: BOND APPLIED FOR**

Type of Bond: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Type of Company **CORP**  **LLC**  **DBA**  **PARTNERSHIP**  Bond Amount: \_\_\_\_\_  
 (Obligee): \_\_\_\_\_  
 Obligee Address \_\_\_\_\_

**SECTION II: GENERAL INFORMATION**

Applicant's Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_  
 SS#: \_\_\_\_\_ Spouse SS#: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
 Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 Business Phone: ( ) \_\_\_\_\_ Business Fax: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date Business BEGAN under present Individual or Firm Name: \_\_\_\_\_ BUSINESS TAX ID: \_\_\_\_\_  
 HAS ANY COMPANY REFUSED TO ISSUE BONDS FOR ANY PURPOSE? YES  NO  DO YOU HAVE ANY LIENS, CLAIMS OR JUDGMENTS AGAINST YOU? YES  NO   
 HAS APPLICANT EVER FAILED IN BUSINESS? YES  NO  HAS APPLICANT EVER FILED BANKRUPTCY? YES  NO   
 IF YES TO ANY, PLEASE EXPLAIN ON A SEPERATE SHEET OF PAPER

**SECTION III: ADDITIONAL OWNERS OR PARTNERS AS REQUIRED**

NAME: \_\_\_\_\_ SPOUSE NAME: \_\_\_\_\_  
 SS#: \_\_\_\_\_ SPOUSE SS#: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PERSONAL FINANCIALS (IF MORE THAN ONE OWNER, EACH HAS TO FILL OUT THIS APPLICATION)**  
**STATEMENT OF ASSETS AND LIABILITIES AS OF**

ASSETS		LIABILITIES	
CASH IN BANK		NOTES PAYABLE TO BANKS	
CASH ON HAND		NOTES TO OTHERS (excl. of equipment)	
STOCKS AND BONDS		ACCOUNTS PAYABLE	
ACCOUNTS RECEIVABLE		FEDERAL & STATE INCOME TAX DUE	
NOTES RECEIVABLE		ALL OTHER TAXES	
INVENTORY		ACCRUALS, PAYROLLS, ETC.	
CASH VALUE LIFE INSURANCE			
EQUIPMENT		DUE ON EQUIPMENT	
REAL ESTATE		DUE ON REAL ESTATE	
OTHER ASSETS		OTHER LIABILITIES	
		CAPITAL STOCK (if a corporation)	
		SURPLUS AND UNDIVIDED PROFITS	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES</b>	
		<b>NET WORTH</b>	
<b>Name of Owners</b>		<b>Name and Title of Officers</b>	
		<b>% OWNERSHIP IN COMPANY</b>	

COMPLETION OF THIS FORM CONSTITUTES PERMISSION FOR WORLDWIDE INSURANCE SPECIALISTS INC. TO OBTAIN CONSUMER INFORMATION WHICH WILL BE USED TO DETERMINE BONDING ELIGIBILITY. THIS INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE  
 NO PREMIUM FINANCING WILL BE ACCEPTED AS PREMIUM IS EARNED IN FULL.

**Worldwide Insurance Specialists, Inc**  
 2424 W. Missouri AVE  
 Phoenix, AZ 85015

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