

# Nebraska Motor Fuels Tax Bond

If combined bond, complete schedule on page 2.

<b>1</b> Do you hold or have you previously held a Nebraska ID Number? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, give number _____	<b>2</b> Federal Employer ID or Social Security Number _____	<b>3</b> Surety Bond Number _____	<b>4</b> Total Amount of Bond _____
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NAME AND LEGAL ADDRESS SHOWN ON APPLICATION	PRINCIPAL'S NAME AND MAILING ADDRESS
Name _____	Name _____
Street Address _____	Street or Other Mailing Address _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____

<b>5</b> EFFECTIVE DATE OF BOND Month _____ Day _____ Year _____	<b>6</b> Indicate fuel tax license(s) covered by this bond. Minimum \$20,000 bond for each license: <input type="checkbox"/> Motor Fuels Tax <input type="checkbox"/> Producer	Minimum \$10,000 bond for: <input type="checkbox"/> Aircraft Fuels Tax	Minimum \$1,000 bond for: <input type="checkbox"/> Compressed Fuel Tax
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NAME AND MAILING ADDRESS OF SURETY COMPANY	NAME AND MAILING ADDRESS OF AGENT
Name _____	Name _____
Street or Other Mailing Address _____	Street or Other Mailing Address _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____

**CONDITION OF BOND**

For valuable consideration, we, the above-named individual or firm, as principal, and the above-named surety company, both duly qualified and authorized to transact business in the State of Nebraska, are jointly and severally liable to the State of Nebraska, in the bond amount shown above.

The principal has made application for, or holds license(s) or permit(s) as indicated in this bond. If the principal pays all taxes, penalties, and interest due, or to become due, under the laws of Nebraska relating to such tax programs and complies with all statutory and regulatory provisions, then this obligation shall be void; otherwise, it shall remain in full force and effect. The obligation of this bond shall begin on the effective date indicated above.

The bond shall be continuous until the above-named surety company provides written notification of cancellation to the Nebraska Department of Revenue by certified mail, return receipt request. At least 30 days notice of cancellation **MUST** be provided. The bond shall be deemed cancelled at the end of the last day of the calendar month following the month in which written notice of cancellation was received. The principal and surety shall not be discharged from any liability already due, or to become due, under the laws of Nebraska guaranteed by this bond before the date of cancellation.

<b>sign here</b> _____ Original Signature of Principal	( ) _____ Telephone Number	_____ Date
_____ Original Signature of Attorney-in-Fact or Authorized Surety Company Officer	( ) _____ Telephone Number	_____ Date
_____ Original Signature of Agent	( ) _____ Telephone Number	_____ Date

Mail this bond to: **MOTOR FUELS DIVISION, PO BOX 98904, LINCOLN, NEBRASKA 68509-8904.**

## INSTRUCTIONS

**WHO MUST FILE.** Every entity making application for a motor fuels or aircraft fuels supplier, distributor, wholesaler, importer, exporter or compressed fuel retailer license who does not currently hold a valid fuel tax license, is required to file a surety bond. Security may also be required when deemed necessary by the Motor Fuels Division to ensure compliance with Nebraska Motor Fuels Tax Laws. When a licensee fails to file timely returns, when tax has not been remitted, or when an audit indicates severe problems, a bond may be required.

**WHEN AND WHERE TO FILE.** The bond and [Nebraska Motor Fuels License Application, Form 20MF](#), must be mailed together to the Motor Fuels Division, PO Box 98904, Lincoln, Nebraska 68509-8904. If a bond or application is received separately, it will be returned to the applicant.

**DETERMINATION OF AMOUNT.** The bond amount for a motor fuels producer, supplier, distributor, wholesaler, importer, or exporter license is approximately three times the estimated average monthly tax liability, in an amount not less than \$20,000. The bond amount for an aircraft fuels supplier, distributor, wholesaler, importer, or exporter license is approximately three times the estimated average monthly tax liability, in an amount not less than \$10,000. When no prior record of liability exists, applicants must estimate their potential liability.

The bond amount for a compressed fuel retailer is approximately two times the estimated average quarterly tax liability, or three times the estimated average monthly tax liability, depending upon the filing frequency. In no instance will this be less than \$1,000. When no prior record of liability exists, applicants must estimate their potential liability.

The duration of this bonding requirement shall be at least one year. In the case of an exporter, the amount and duration of the security shall be fixed by the division.

Failure to maintain a proper bond is cause for license or permit suspension or cancellation.

A [Nebraska Motor Fuels Tax Bond Rider, Form 70XN](#), must be filed to indicate the following changes to existing bonds:

- Change in name;
- Change in ownership;
- Change in form of ownership;
- Change in amount of bond; or
- Change in effective date of bond.

### COMBINED MOTOR FUELS TAX BOND

**WHO MAY FILE.** Any person applying for or holding two or more licenses or permits may, in lieu of filing a separate bond for each license or permit, file a combined bond.

**DETERMINATION OF COMBINED AMOUNT.** The amount of a combined bond shall be the cumulative total of the amount of the individual bonds which otherwise would be required. The Nebraska Schedule – Combined Motor Fuels Tax Bond below must be completed when filing a combined bond.

**FOR ADDITIONAL INFORMATION.** Please contact your account representative at the Motor Fuels Division, PO Box 98904, Lincoln, Nebraska 68509-8904, or call toll free (800) 554-FUEL ([800] 554-3835). Lincoln residents call (402) 471-5730. Our website is [www.revenue.ne.gov/fuels](http://www.revenue.ne.gov/fuels).

NEBRASKA SCHEDULE — Combined Motor Fuels Tax Bond	
Tax Program	Amount of Bond
1	
2	
3	
4 Total of lines 1 through 3. Enter here and on line 4 on page 1 of this form.....	

## SURETY BOND APPLICATION

AGENCY NAME: \_\_\_\_\_ AGENCY CONTACT \_\_\_\_\_  
 AGENCY PHONE: \_\_\_\_\_ AGENCY FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
 AGENCY ADDRESS: \_\_\_\_\_  
(Street) (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: \_\_\_\_\_ AMOUNT: \_\_\_\_\_  
 OBLIGEE: \_\_\_\_\_ EFF. DATE: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_  
 OBLIGEE ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)  
 BUSINESS NAME: \_\_\_\_\_  
 BUSINESS PHONE: \_\_\_\_\_ BUSINESS FAX: \_\_\_\_\_ Client E-mail \_\_\_\_\_  
 BUSINESS ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)  
 TYPE OF COMPANY CORP  LLC  DBA  PARTNERSHIP  HOW MANY OWNERS? \_\_\_\_\_

DATE BUSINESS ESTABLISHED: \_\_\_\_\_ BUSINESS TAX ID: \_\_\_\_\_  
 HAS ANY COMPANY REFUSED TO ISSUE BONDS FOR ANY PURPOSE? YES  NO  DO YOU HAVE ANY LIENS, CLAIMS, OR JUDGEMENTS AGAINST YOU? YES  NO   
 HAS APPLICANT EVER FAILED IN BUSINESS? YES  NO  HAS APPLICANT EVER FILED BANKRUPTCY? YES  NO

**SECTION II: GENERAL INFORMATION**

OWNER'S NAME: \_\_\_\_\_ SPOUSE NAME \_\_\_\_\_  
 SS#: \_\_\_\_\_ SPOUSE SS# \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
 RESIDENTIAL ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)  
 ADDITIONAL OWNERS / PARTNERS  
 OWNER'S NAME: \_\_\_\_\_ SPOUSE NAME \_\_\_\_\_  
 SS#: \_\_\_\_\_ SPOUSE SS# \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
 RESIDENTIAL ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

**PERSONAL FINANCIAL STATEMENT OF ASSETS & LIABILITIES AS OF \_\_\_\_\_**

ASSETS		LIABILITIES	
CASH IN BANK	\$	NOTES PAYABLE TO BANKS	\$
CASH ON HAND	\$	NOTES PAYABLE TO OTHERS	\$
STOCKS & BONDS	\$	ACCOUNTS PAYABLE	\$
ACCOUNTS RECEIVABLE	\$	FEDERAL & STATE INCOME TAX DUE	\$
NOTES RECEIVABLE	\$	ALL OTHER TAXES	\$
INVENTORY	\$	ACCRUALS, PAYROLLS, ETC.	\$
CASH VALUE OF LIFE INSURANCE	\$	DUE ON EQUIPMENT	\$
EQUIPMENT	\$	DUE ON REAL ESTATE	\$
REAL ESTATE	\$	OTHER LIABILITIES	\$
OTHER ASSETS	\$	CAPITAL STOCK (IF A CORPORATION)	\$
		SURPLUS & UNDIVIDED PROFITS	\$
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES</b>	<b>\$</b>
		<b>NET WORTH</b>	<b>\$</b>
<b>NAME OF OWNERS</b>	<b>NAME &amp; TITLE OF OFFICERS</b>	<b>PERCENTAGE OF OWNERSHIP</b>	

Completion of this form constitutes permission for worldwide insurance specialists inc. to obtain consumer information which will be used to determine bonding eligibility.

**Worldwide Insurance Specialists, Inc**      **Toll Free: (888) 518-8011**  
**2424 W. Missouri AVE**                      **Local (602) 749-0702**  
**Phoenix, AZ 85015**                            **Fax: (602) 674-8235**  
**E-Mail SAM@WWISINC.COM**