

PA Department of Revenue **BUREAU OF BUSINESS TRUST FUND TAXES** CIGARETTE TAX UNIT

PO BOX 280909 Harrisburg, PA 17128-0909

BOND CIGARETTE STAMPING AGENCY

TO BE COMPLETED BY SURETY COMPANY

BOND NUMBER	

Please read these instructions before providing the information requested on this bond.

GENERAL INFORMATION:

Items (7) & (8) - We have set the bond amount on the basis of information received from the principal and Department records.

Item (9) - We have dated the bond as of the date it was approved as to form and manner of execution by the Department's Office of Chief Counsel. MUST COMPLETE ITEMS 1, 2, 11, 12 AND 13:

- The name on the bond must be identical to the name on the agency's license. If you are doing business under a fictitious name, please show the legal name, followed by D/B/A, followed by the fictitious name and a copy of your fictitious name filing with the PA Department of State.
- (2) Please give the full address of the principal place of business.
- (11) If you represent a corporation, please show on the reverse side the corporation name as it appears on the corporate charter.
 - Directly below the corporate name, the corporation's president must sign the form in ink. The signature must be handwritten, facsimilies will not be accepted. The corporation's secretary must sign to attest to the president's signature. The Social Security Number of both the president and secretary must be entered in the space provided. The corporate seal must be affixed where designated.
- (12) If you are an individual or a member of a partnership or an association, please sign the form and enter your title and Social Security Number in the space(s) provided. The signature must be handwritten. Facsimilies will not be accepted.
- (13) Each signature must be witnessed in the area designated.

SURETY MUST COMPLETE ITEMS 3, 4, 5, 6, 10 and 14.

Show bond number in area designated at upper right-hand corner on the face of the bond.

- (3) Fill in the name of the surety company.
- (4) If the surety company is a corporation, the state of organization must be furnished in the space provided.
- (5) & (6) Show the street, number, city and state of the office for execution of this bond.
 - (10) Show the date of the contract between principal and surety.
 - (14) The name of the surety company must be shown on the line provided.

The bond must be signed by an agent of the surety company whose authority to execute on its behalf is supported by a current, valid Power of Attorney, a copy of which is to be attached to the bond form.

The corporate seal of the bonding company must be affixed to the bond in this area.

When the agent designated by the Power of Attorney is not a Pennsylvania resident agent, the bond must be countersigned by a Pennsylvania resident agent of the insurance company executing the Bond. Please type name under signature.

KNOW ALL MEN BY THESE PRESENTS, THAT

(1)			(1.11)		
OF (2)	ent)		(Legal Name-D/B/A)		
OF (2)(Post Office Box) (Stre as PRINCIPAL , and (3)	t and Number)	(City)	(County)	(State)	(ZIP Code)
organized under the laws of (4)		(Name of Surety)			a corpora-
tion and duly authorized to engage in t	usiness in the Comr	monwealth of Pennsylva	nia, with its office	for execution of	this bond located at
(5)					in the
City of (6)		State of		as SURETY are h	eld and firmly bound
unto the Commonwealth of Pennsylvania	a in the sum of (7)				
dollars (8) (\$) lawful mon	ey of the United Sta	ates of America, to	o be paid to the said
Commonwealth of Pennsylvania, to which	n payment well and tr	uly to be made, we bind o	ourselves and each	of us, our and eac	ch of our heirs, execu-
tors, administrators, successors and ass	gns, jointly and sever	ally, firmly by these pres	ents.		
(9) This bond to be effective as of	(Month)	(Day) (Yea	A.D.		
WHEREAS the above bonded PRIM				s an agent to affi	x tax stamps to ciga-

rettes in accordance with the terms and provisions of Article XII of the Tax Reform Code of 1971, as amended, Act No. 141 of December 21, 1981, effective January 20, 1982, and, as amended, Act No. 22 of 1991, effective August 19, 1991, and

WHEREAS the said PRINCIPAL has requested the Department of Revenue of the Commonwealth of Pennsylvania to deliver cigarette tax stamps to said PRINCIPAL upon consignment.

Now, therefore, the condition of this obligation is such that if the above bonded PRINCIPAL shall fully, faithfully and punctually comply with the provisions of Article XII of the Tax Reform Code of 1971 as amended by Act No. 141 of December 21, 1981 effective January 20, 1982 and as amended, Act No. 22 of 1991 effective August 19, 1991 and the rules and regulations promulgated thereunder by the PA Department of Revenue, and shall well and truly pay over to the Commonwealth of Pennsylvania, through the Department of Revenue, on or before the fifteenth day of each month, all and every sum or sums of money that may be due and owing to the Commonwealth of Pennsylvania on account of the sale or use of cigarette tax stamps during the next preceding month and shall file with the PA Department of Revenue on or before the tenth day of each and every month; the reports required by the rules and regulations of the Department, then this obligation shall be null and void; otherwise it shall be and remain in full force, virtue and effect.

AND, any SURETY may cancel this bond and be relieved of further liability hereon upon giving, at least, 90 days advance written notice of the date of cancellation by registered or certified mail. Such written notice must be sent to the PA Department of Revenue, Bureau of Business Trust Fund Taxes, Cigarette Tax Unit, PO BOX 280909, Harrisburg, PA 17128-0909 and shall not be effective unless acknowledged by the Department of Revenue in writing. Cancellation shall not relieve the Surety of this obligation for any liability incurred prior to the date of cancellation.

AND, in the event that the above bounden PRINCIPAL shall in any respect fail to comply with the provisions of Article XII aforesaid, or shall fail well and truly to pay over to the Commonwealth of Pennsylvania any sum or sums of money due as aforesaid, or shall fail to file with the PA Department of Revenue the reports, required as aforesaid, we do hereby empower the Attorney General of the Commonwealth of Pennsylvania or any attorney of any Court of record within the Commonwealth of Pennsylvania or elsewhere, to appear for and enter judgment against us or either of

In witness whereof this in	ivered this nstrument has been duly executed by			
11) Incorporated Ciga	not amont had been dary exceeted by	the above-na	amed PRINCIPAL and SURI	ETY the day and year above writter
Corporate Seal)	RETTE STAMPING AGENT: SIGN B	ELOW		
TTEST			Corporate Name	
Secretary	Social Security Number	Ву	President	Social Security Number
Print Name			Print Name	
12) INDIVIDUAL, PARTNEF	RSHIP, AND ASSOCIATION CIGARE	TTE STAMP	NG AGENT: SIGN BELOW	
gnature	Print Name		Title	Social Security Number
gnature	Print Name		Title	Social Security Number
			Tiu -	Social Security Number
gnature	Print Name		Title	
•	Print Name		Title	Coolai Cecanty Namber
•			Tide	Coolar Coolariy Number
(3) WITNESSES SIGN BEL			Print Name	Coolar Coolariy Hambor
3) WITNESSES SIGN BEL				Coolar Coolariy Number
gnature	LOW		Print Name	Coolar Coolariy Number
gnature gnature 4) SURETY: COMPLETE I	LOW		Print Name Print Name	Coolar Coolariy Number
gnature gnature 4) SURETY: COMPLETE I	LOW	 By .	Print Name Print Name Attorney-in-Fact	Coolar Coolariy Number
gnature gnature 14) SURETY: COMPLETE I	LOW	 By _	Print Name Print Name Attorney-in-Fact Print Name	Coolar Coolariy Number
gnature gnature [14] SURETY: COMPLETE II Name of Surety TITEST Secretary Print Name	BELOW	By _	Print Name Print Name Attorney-in-Fact	Coolar Coolariy Number
3) WITNESSES SIGN BEL gnature gnature 4) SURETY: COMPLETE I Name of Surety TTEST Secretary Print Name	LOW	By	Print Name Print Name Attorney-in-Fact Print Name	Coolar Coolariy Number
gnature gnature (4) SURETY: COMPLETE I Name of Surety TTEST Secretary Print Name OUNTERSIGNATURE OF	BELOW	 By .	Print Name Print Name Attorney-in-Fact Print Name (Corporate Seal)	Coolar Coolariy Number
gnature gnature [14] SURETY: COMPLETE I Name of Surety TTEST Secretary Print Name COUNTERSIGNATURE OF	BELOW RESIDENT PENNSYLVANIA AGENT	,	Print Name Print Name Attorney-in-Fact Print Name (Corporate Seal) Print Name	Coolar Coolariy Number
Secretary Print Name	BELOW RESIDENT PENNSYLVANIA AGENT DO NOT	By .	Print Name Print Name Attorney-in-Fact Print Name (Corporate Seal) Print Name	Coolar Coolariy Number
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gnature gnature [14] SURETY: COMPLETE I Name of Surety TTEST Secretary Print Name COUNTERSIGNATURE OF gnature A DEPARTMENT OF REVE ccepted this	BELOW RESIDENT PENNSYLVANIA AGENT DO NOT	WRITE IN T	Print Name Print Name Attorney-in-Fact Print Name (Corporate Seal) Print Name HIS SPACE day of	
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For Insurance Commissioner