

## ST-C-214-2 (REV. 3/13)



Georgia Department of Revenue Taxpayer Services Division 1800 Century Blvd. NE Atlanta, GA 30345 Phone: 1-877-423-6711 Fax: (404) 417-6610 E-mail: <u>TSD-sales-tax-contractors@dor.ga.gov</u> Website: <u>https://etax.dor.ga.gov</u>

## APPLICATION FOR NON-RESIDENT SUBCONTRACTOR'S SALES AND USE BOND

١.	BUSINESS TRADE NAME		
2.	NAME OF OWNER(S) OR CORPORATE OFFICERS	TITLE	SOCIAL SECURITY NUMBER
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3.	MAILING ADDRESS (NUMBER AND STREET or P.O. BOX)		
	CITY:	STATE:	ZIP CODE:
4.	BUSINESS ADDRESS (NUMBER AND STREET or P.O. BOX)		
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	CITY:	STATE:	ZIP CODE:
5.	TYPE OF BUSINESS		
6.	BEGINNING DATE OF CONTRACT WORK FOR WHICH THE	7. FEDERAL EMPLOYER IDENTIFICATION NUMBER OR	
	ATTACHED BOND IS EXECUTED	SALES TAX NUMBER	
8.	EMAIL ADDRESS (IF APPLICABLE)	9. AREA CODE AND TELEPHONE NUMBER	
			-
10. ANTICIPATED ANNUAL GROSS RECEIPTS FOR THIS CALENDAR YEAR:		11. DATE	
\$			

## Bond not accepted for annual gross receipts less than \$250,000.

Applicant agrees to pay all taxes and to otherwise comply with all of the provisions of the Georgia Retailers' and Consumers' Sales and Use Tax Act, as amended and file all returns and reports required by the State Revenue Commissioner.

Applicant further agrees to comply with all the rules and regulations of the State of Georgia now in existence or hereinafter promulgated in the future with reference to the Georgia Retailers' and Consumers' Sales and Use Tax Act, as amended.

Applicant hereby designates \_\_\_\_

(Name)

of \_\_\_\_\_

(Address)

as the person upon whom service of any notice or process may be served against the applicant.