



Commonwealth of Pennsylvania
 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:

- (1) 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, facsimiles 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. Facsimiles 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) _____ (Name of Agent) _____ (Legal Name-D/B/A)
 OF (2) _____ (Post Office Box) _____ (Street and Number) _____ (City) _____ (County) _____ (State) _____ (ZIP Code)
 as **PRINCIPAL**, and (3) _____ (Name of Surety)
 organized under the laws of (4) _____ a corpora-
 tion and duly authorized to engage in business in the Commonwealth of Pennsylvania, with its office for execution of this bond located at
 (5) _____ in the
 City of (6) _____ State of _____ as **SURETY** are held and firmly bound
 unto the Commonwealth of Pennsylvania in the sum of (7) _____
 dollars (8) (_____) lawful money of the United States of America, to be paid to the said
 Commonwealth of Pennsylvania, to which payment well and truly to be made, we bind ourselves and each of us, our and each of our heirs, execu-
 tors, administrators, successors and assigns, jointly and severally, firmly by these presents.

(9) This bond to be effective as of _____ (Month) _____ (Day) _____ (Year) A.D.

WHEREAS the above bonded **PRINCIPAL** has been appointed by the PA Department of Revenue as an agent to affix 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 us, with or without default, for all unpaid tax, interest, penalty, fines and costs of collection up to the above sum, release of all errors and without stay of execution. And we waive the right of inquisition on any real estate which may be levied upon to collect the above sum, and we do hereby voluntarily condemn the same and authorize the prothonotary to enter upon the fieri facias our said voluntary condemnation. And we further agree that said real estate may be sold on a fieri facias, and hereby waive and release all relief from any and all appraisalment, stay or exemption laws of any state now in force or hereafter to be enacted. And for the entering of such judgment and so doing this shall be the sufficient warrant, and a copy of this Bond and Warrant being filed in such action, it shall not be necessary to file the original as a warrant of attorney, any law or rule of the court to the contrary notwithstanding.

(10) Signed, sealed, and delivered this _____ day of _____ A.D. _____

In witness whereof this instrument has been duly executed by the above-named **PRINCIPAL** and **SURETY** the day and year above written.

(11) INCORPORATED CIGARETTE STAMPING AGENT: SIGN BELOW

(Corporate Seal)

ATTEST

Secretary _____ Social Security Number _____ By _____
Corporate Name _____
President _____ Social Security Number _____
Print Name _____ Print Name _____

(12) INDIVIDUAL, PARTNERSHIP, AND ASSOCIATION CIGARETTE STAMPING AGENT: SIGN BELOW

Signature _____ Print Name _____ Title _____ Social Security Number _____
Signature _____ Print Name _____ Title _____ Social Security Number _____
Signature _____ Print Name _____ Title _____ Social Security Number _____

(13) WITNESSES SIGN BELOW

Signature _____ Print Name _____
Signature _____ Print Name _____

(14) SURETY: COMPLETE BELOW

Name of Surety _____ By _____
Secretary _____ Attorney-in-Fact _____
Print Name _____ Print Name _____
(Corporate Seal)

COUNTERSIGNATURE OF RESIDENT PENNSYLVANIA AGENT

Signature _____ Print Name _____

DO NOT WRITE IN THIS SPACE

PA DEPARTMENT OF REVENUE

Accepted this _____ day of _____ A.D. 20 _____

By _____ Authorized Signature _____

Approved as to form and manner of execution _____ Assistant Counsel _____ Date _____

I hereby certify on this date _____ that the company acting as surety on the within bond is licensed to do a surety business in Pennsylvania and that the agent whose name appears hereon is a licensed resident agent approved by the Insurance Department of the Commonwealth of Pennsylvania.

For Insurance Commissioner