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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: TSD-sales-tax-contractors@dor.ga.gov
Website: https://etax.dor.ga.gov

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

1. BUSINESS TRADE NAME		
2. NAME OF OWNER(S) OR CORPORATE OFFICERS	TITLE	SOCIAL SECURITY NUMBER
3. MAILING ADDRESS (NUMBER AND STREET or P.O. BOX)		
CITY:	STATE:	ZIP CODE:
4. BUSINESS ADDRESS (NUMBER AND STREET or P.O. BOX)		
CITY:	STATE:	ZIP CODE:
5. TYPE OF BUSINESS		
6. BEGINNING DATE OF CONTRACT WORK FOR WHICH THE ATTACHED BOND IS EXECUTED	7. FEDERAL EMPLOYER IDENTIFICATION NUMBER OR 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.