

ST-C-214-2 (REV. 6/20/19)



Georgia Department of Revenue
Taxpayer Services Division
1800 Century Blvd. NE
Atlanta, GA 30345
Phone: 1-877-423-6711
E-mail: TSD-sales-tax-contractors@dor.ga.gov
Website: <https://dor.georgia.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.