



**BOND**  
 OFFICE OF STATE TAX COMMISSIONER  
 SFN 59511 (8-2022)

Account Number (Leave blank if new applicant)	Account Type	EIN	
Principal/Taxpayer Name			
Principal/Taxpayer Address			
City		State	ZIP Code
Principal/Taxpayer Mailing Address (If different than Location Address)			
City		State	ZIP Code
Bond Category (Select only one) <input type="radio"/> New <input type="radio"/> Increase <input type="radio"/> Replacement			
Bond Purpose (Select applicable box and complete corresponding items to the right of selection.) <input type="radio"/> <b>Compliance Bond:</b> To secure the payment of any tax and penalties due or which may become due on this account. <input type="radio"/> <b>Personal Liability Bond:</b> An amount equal to the estimated annual tax liability of (the principal) for the purposes of relieving (Officer(s)/Manager(s)) of personal liability for failure to file the required returns or pay the tax due. <p style="text-align: right;"><b>Bond Amount \$</b> _____</p>			
Bond Category (Select applicable category (i.e. 'Surety' or 'Cash') and complete corresponding items to the right of selection.) <input type="radio"/> Surety Surety Name _____ Bond Number _____ <input type="radio"/> Cash Check Number(s) (i.e. personal check, cashier's check, money order, etc.) _____			

Principal Signature			
Signature of Authorized Agent for Surety Company			
Address of Surety Company		City	State
			ZIP Code

**The original of this document must be returned to the North Dakota Office of State Tax Commissioner**

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, personally appeared before me the above named \_\_\_\_\_ known to me to be the same person named in and who executed the above obligation as Principal and acknowledged to me that he executed this obligation.

Notary Public	
State	County
Commission Expiration	

