



**INCOME TAX WITHHOLDING SURETY BOND**  
 OFFICE OF STATE TAX COMMISSIONER  
 SFN 59895 (Rev. 5-2011)

"For Office Use Only"

Name of Principal			
Address	City	State	Zip Code
Name of Surety Company			

We, the above named, are held and firmly bound to the State of North Dakota in the penal sum of \_\_\_\_\_ dollars (\$ \_\_\_\_\_) for the payment of which we jointly and severally bind ourselves, our heirs, administrators, executors, and assigns firmly by this obligation.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

We agree that as a condition of the issuance or reinstatement of the income tax withholding account, or release of any corporate officer or LLC governor/manager from personal liability for the tax, penalty, and interest that may become due on this account of the principal, or upon demand by the Tax Commissioner, a Surety Bond must be filed in the Office of the State Tax Commissioner by the Principal. The Bond is conditioned to secure the prompt filing of true reports and the full payment of any and all income tax withholding, penalty and interest, that may hereafter accrue and become payable under the sales and use tax laws of the State of North Dakota.

We further agree that if the Principal shall file all reports required by the income tax withholding laws and make full payment of any and all income tax withholding taxes which may accrue and become payable to the State of North Dakota under the provisions of the income tax withholding laws of the State of North Dakota, then this obligation shall be null and void. Otherwise this obligation shall remain in full force and effect.

Principal Signature			
Address of Legal Residence	City	State	Zip Code
Signature of Authorized Agent for Surety Company			
Address of Legal Residence	City	State	Zip Code

*The original of this document must be returned to the 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  
 \_\_\_\_\_ County  
 State of \_\_\_\_\_  
 My Commission Expires \_\_\_\_\_