

STATE OF WEST VIRGINIA
STATE TAX DEPARTMENT
INTERNAL AUDITING DIVISION
P. O. BOX 2991
CHARLESTON, WEST VIRGINIA 25330



CIGARETTE TAX CREDIT PURCHASE BOND

KNOW ALL MEN BY THESE PRESENTS:

- (1) That we, _____
- (2) _____
- (3) As principal, and _____
- (4) _____

(5) a firm and/or a corporation authorized to do business in the Sate of West Virginia, as Surety, are held and firmly bound unto the Sate of West Virginia in the just and full sum of _____ dollars (\$ _____) to the payment whereof well and truly to make, we bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

WHEREAS, the above bound principal has applied and intends to apply for authorization to purchase West Virginia cigarette stamps and for an extension of credit on the tax due with respect to such stamps, as provided in Chapter 1 1, Article 17 of the Official Code of West Virginia of 1931, as amended, and rules and regulations of the State Tax Commissioner promulgated thereunder.

NOW THEREFORE, if the said principal shall truly and faithfully make return, account for and pay the tax due on all of the said stamps in the manner and as when so required by the said Chapter 1 1, Article 17, and the rules and regulations of the State Tax Commissioner promulgated thereunder, then this obligation shall be void; otherwise, it shall remain in full force, virtue and effect.

The continuing nature of this bond is such that it is required to be renewed annually on its anniversary date unless any of the signatories hereto give written notice by registered mail to the other signatories hereto that the signatory desiring the cancellation intends to cancel this bond sixty days after the post-marked date of the written registered notice.

This Bond is executed pursuant to the provisions of said Chapter 1 1, Article 17, and rules and regulations of the State Tax Commissioner promulgated thereunder, and the pertinent provisions of said Chapter and Article and rules and regulation are hereby expressly made a part of this Bond.

The principal hereby waives the secrecy provisions of West Virginia Code 11-1 0-5(e) and authorizes the Tax Department to release to the surety company information necessary to file a proof of claim, concerning any tax liability covered by this bond and accruing during the effective dates of this bond.

(6) This bond shall be effective from the _____ day of _____, 20____

IN WITNESS WHEREOF the said principal has hereunder set his or its hand affixed his or its seal, and the said surety has caused its corporate name to be signed hereto and its corporate seal to be hereunto affixed by its duly authorized officer or

(7) agent and executed this instrument this _____ day of _____, 20____

(10) Principal Corporate Seal (8) _____ (Seal)
(Principal)

(9) By: _____ (Seal)
Title (Must be President or Vice-President)

(13) Surety Corporate Seal (1 1) _____ (Surety)

(14) Countersigned: _____ (Resident West Virginia Agent)
(1 2) By: _____

(15) **(Acknowledgement by Principal if Individual or Partnership)**

STATE OF _____

(16) County of _____, to-wit:

(17) I, _____ a Notary Public in and for the

(18) county and state aforesaid, do hereby certify that _____

(19) whose name is signed to the foregoing writing, bearing date the _____ day of

(20) _____, 20_____, has this day acknowledged the same before me in my said county.

(21) Given under my hand this the _____ day of _____, 20_____

(22) Notary Seal (23) _____ Notary Public

(24) My Commission expires on the _____ day of _____, 20_____

(25) **(Acknowledgement by Principal if Corporation)**

STATE OF _____

(26) County of _____, to-wit:

(27) I, _____ a Notary Public in and for the

(28) county and state aforesaid, do hereby certify that _____

(29) who, as _____, signed the foregoing writing for _____

(30) _____, a corporation, bearing date the _____ day of

(31) _____, 20_____, has this day, in my said county, before me, acknowledged the said writing to be the act and deed of the said corporation.

(32) Given under my hand this the _____ day of _____, 20_____

(33) Notary Seal (34) _____ Notary Public

(35) My Commission expires on the _____ day of _____, 20_____

(36) **(Acknowledgement for Surety)**

STATE OF _____

(37) County of _____, to-wit:

(38) I, _____ a Notary Public in and for the

(39) county and state aforesaid, do hereby certify that _____

(40) who, as _____, signed the foregoing writing for _____

(41) _____, a corporation, bearing date the _____ day of

(42) _____, 20_____, has this day, in my said county, before me, acknowledged the said writing to be the act and deed of the said corporation.

(43) Given under my hand this the _____ day of _____, 20_____

(44) Notary Seal (45) _____ Notary Public

(46) My Commission expires on the _____ day of _____, 20_____

Sufficiency in Form and Manner of Execution Approved

Attorney General

Dated this _____ day of _____, 20_____

Assistant Attorney General

Bond forms change; this is for educational purposes only.

BOND PREPARATION INSTRUCTIONS

IF PRINCIPAL IS AN INDIVIDUAL OR PARTNERSHIP:

Complete the bond, lines (1) through (14);

Have Notary complete the applicable section of acknowledgment titled, Acknowledgment by Principal if Individual or Partnership, on the back of bond.

IF PRINCIPAL IS A CORPORATION:

Complete the bond, line (1) through (14);

Have Notary complete the applicable section of acknowledgment titled, Acknowledgment by Principal if Corporation, on the back of bond;

Affix corporate seal as requested on face of bond;

SURETY

Complete applicable portion of bond;

Have Notary complete the applicable section of acknowledgment titled, Acknowledgment by Surety, on the back of the bond;

Attach Power of Attorney to bond if surety signatory is an attorney in fact;

Affix raised Surety Seal to bond and to Power of Attorney.

LINE NUMBER INSTRUCTIONS:

FACE OF BOND CANNOT CONTAIN WHITE-OUTS OR ALTERATIONS. REVERSE OF BOND MAY CONTAIN WHITE-OUTS OR ALTERATIONS PROVIDING CHANGES ARE INITIALED BY NOTARY.

- (1-2) Enter name and address of Principal (Specify individual, partnership, or corporation) to be covered by bond.
- (3-4) Enter name and address of Surety Company issuing bond.
- (5) Enter amount of bond.
- (6) Enter effective date of the bond. (West Virginia Code requires continuation certificate annually on anniversary date).
- (7) Enter execution date of bond (also known as the bearing date of the bond).
- (8) Enter name of the Principal (individual, partnership, or corporation covered by bond).
- (9) If principal is an individual, affix signature. If principal is a corporation, President or Vice-President must sign bond and underline the appropriate title. If bond is to be signed by one other than the President or Vice-President, affix copy of corporate resolutions showing authorization of individual to bind corporation.
- (10) If Principal is a corporation, be sure to affix corporate seal, if not available draw facsimile.
- (11) Enter name of Surety.
- (12) Affix signature and title of person having Power of Attorney to bind Surety.
- (13) Affix corporate seal of Surety.
- (14) If Surety's Agent is a non-resident, bond must be countersigned by a West Virginia resident agent.

ACKNOWLEDGMENT PREPARATION INSTRUCTIONS:

IF PRINCIPAL IS AN INDIVIDUAL OR PARTNERSHIP, HAVE NOTARY COMPLETE LINES (15) through (24).

IF PRINCIPAL IS A CORPORATION, HAVE NOTARY COMPLETE LINES (25) through (35).

SURETY MUST HAVE NOTARY COMPLETE LINES (37) through (46).

ACKNOWLEDGMENT BY PRINCIPAL IF INDIVIDUAL OR PARTNERSHIP

- (15) Enter name of State.
- (16) Enter name of County.
- (17) Enter name of Notary Public witnessing transactions.
- (18) Enter name of principal covered by bond if individual or partnership.
- (19-20) Enter bearing date of bond (also known as execution date). Must be same date entered on line 7 of the bond.
- (21) Notary enters date bond was witnessed. May be same as bearing date or any date thereafter.
- (22) Affix Notary Seal. If notary is located outside the State of West Virginia, seal must be affixed.
- (23) Notary affixes his signature here.
- (24) Notary enters commission expiration date.

ACKNOWLEDGMENT BY PRINCIPAL IF CORPORATION

- (25) Enter name of State.
- (26) Enter name of County.
- (27) Enter name of Notary Public witnessing transactions.
- (28) Enter name of Corporate Officer signing bond.
(Should be President or Vice-President).
- (29) Enter designate Title of Corporate officer signing bond.
- (30) Enter name of Company or Corporation.
- (30-31) Enter bearing date of bond (also known as execution date).
Must be same date entered on line 7 of the bond.
- (32) Notary enters date bond was witnessed. May be same as bearing date or any date thereafter.
- (33) Affix Notary Seal. If notary is located outside the State of West Virginia, seal must be affixed.
- (34) Notary affixes his signature here.
- (35) Notary enters commission expiration date.

ACKNOWLEDGMENT BY SURETY

- (36) Enter name of State.
- (37) Enter name of County.
- (38) Enter name of Notary Public witnessing transactions.
- (39) Enter name of person having power of attorney to bind Surety Company.
- (40) Designate title of person binding Surety Company.
- (41) Enter name of Insurance Company (Surety).
- (41-42) Enter bearing date of bond (also known as execution date).
Must be same date entered on line 7 of the bond.
- (43) Notary enters date bond was witnessed. May be same as bearing date or any date thereafter.
- (44) Affix Notary Seal. If Notary is located outside the State of West Virginia, seal must be affixed.
- (45) Notary affixes his signature here.
- (46) Notary enters commission expiration date.

POWER OF ATTORNEY INSTRUCTIONS

Power of Attorney for Surety must be attached and it must show that it was in full force and effect on bearing date (execution) indicated on the face of the bond, also the raised corporate seal must be affixed to the Power of Attorney.

Name of attorney in fact must be listed (if attorney is a non-resident, bond must be countersigned by West Virginia resident agent).
Power of Attorney may not exceed imposed limitations.
Certificate date must be the execution date (bearing date) of the bond.
Signature of authorizing official must be affixed. (Signature may be facsimile).
Raised seal must be affixed.

INTEGRITY SURETY BOND APPLICATION

AGENCY NAME: _____ AGENCY CONTACT _____
 AGENCY PHONE: _____ AGENCY FAX: _____ E-MAIL: _____
 AGENCY ADDRESS: _____
(Street) (City) (State) (Zip)

CURRENT OR EXPIRING QUOTE WE ARE LOOKING TO BEAT? _____

NAME OF PREVIOUS SURETY COMPANY WRITING THE BOND? _____

SECTION I: BOND APPLIED FOR:

TYPE OF BOND: _____ EFF.DATE: _____ EXP.DATE: _____
 TYPE OF COMPANY CORP LLC DBA PARTNERSHIP AMOUNT: _____
 OBLIGEE: _____

OBLIGEE ADDRESS: _____
(Street) (City) (State) (Zip)

SECTION II: GENERAL INFORMATION

APPLICANT'S NAME: _____ SPOUSE NAME _____
 SS#: _____ SPOUSE SS# _____ HOME PHONE: _____
 RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)

BUSINESS NAME: _____

BUSINESS PHONE: _____ BUSINESS FAX: _____ Client E-mail _____

BUSINESS ADDRESS: _____
(Street) (City) (State) (Zip)

DATE BUSINESS BEGAN UNDER CURRENT NAME: _____ BUSINESS TAX ID: _____

HAS ANY COMPANY REFUSED TO ISSUE BONDS FOR ANY PURPOSE? YES NO DO YOU HAVE ANY LIENS, CLAIMS, OR JUDGEMENTS AGAINST YOU? YES NO

HAS APPLICANT EVER FAILED IN BUSINESS? YES NO HAS APPLICANT EVER FILED BANKRUPTCY? YES NO

IF YES TO ANY, PLEASE EXPLAIN ON A SEPERATE SHEET OF PAPER:

SECTION III: ADDITIONAL OWNERS / PARTNERS

APPLICANT'S NAME: _____ SPOUSE NAME _____
 SS#: _____ SPOUSE SS# _____ HOME PHONE: _____
 RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)

STATEMENT OF ASSETS & LIABILITIES AS OF _____

ASSETS		LIABILITIES	
CASH IN BANK	\$	NOTES PAYABLE TO BANKS	\$
CASH ON HAND	\$	NOTES PAYABLE TO OTHERS	\$
STOCKS & BONDS	\$	ACCOUNTS PAYABLE	\$
ACCOUNTS RECEIVABLE	\$	FEDERAL & STATE INCOME TAX DUE	\$
NOTES RECEIVABLE	\$	ALL OTHER TAXES	\$
INVENTORY	\$	ACCRUALS, PAYROLLS, ETC.	\$
CASH VALUE OF LIFE INSURANCE	\$	DUE ON EQUIPMENT	\$
EQUIPMENT	\$	DUE ON REAL ESTATE	\$
REAL ESTATE	\$	OTHER LIABILITIES	\$
OTHER ASSETS	\$	CAPITAL STOCK (IF A CORPORATION)	\$
		SURPLUS & UNDIVIDED PROFITS	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
		NET WORTH	\$
NAME OF OWNERS		NAME & TITLE OF OFFICERS	PERCENTAGE OF OWNERSHIP

Completion of this form constitutes permission to obtain consumer information which will be used to determine bonding eligibility This information will be held in the strictest confidence no premium financing will be accepted as premium is earned in full.

Integrity Bonds Inc

Toll Free: (866) 420-2613

Local (480) 626-8916

E-Mail info@integritybonds.com

Fax: (602) 674-8235