

KANSAS DEPARTMENT OF REVENUE

WHOLESALE CIGARETTE DEALER'S BOND

Bond #: _____
(Affix Bond No. on Document)

KNOW ALL MEN BY THESE PRESENTS: THAT _____ with main
office location at _____ (Principal)
the _____ as Principal, and
_____ (Surety Company Name) a corporation authorized to

transact business in Kansas, as surety, are held and firmly bound unto the STATE OF KANSAS in the sum of _____
dollars (\$ _____), lawful money of the United States, to the payment of which, well
and truly to be made, we hereby bind ourselves, our heirs, as individually set out below in the following schedule:

- Wholesale Cigarette Dealer's License \$ _____
- Wholesale Cigarette Dealer's Tax Credit \$ _____

WHEREAS, The above-named principal, a LICENSED WHOLESALE CIGARETTE DEALER within the provisions of Chapter 79, Article 33, G.S., Kansas, 1949, and amendments thereto, is authorized to affix cigarette tax stamps or Kansas tax indicia to packages of cigarettes at his/their licensed location at:

(Street Address, City, State, Zip)

and is required by such law to comply with all the provisions of said law together with the Sales and Compensating Tax Rules and Regulations pursuant thereto, as adopted by the Director of Taxation; and to make such reports and furnish such information as the Director of Taxation may require, to said Director at his office in Topeka, Kansas; and to further pay all taxes due and owing the State of Kansas as provided in said Kansas Cigarette Tax Law. The forfeiture of any Wholesale Dealer's Bond shall be in an amount only to the extent of moneys due and owing the State of Kansas.

NOW, THEREFORE, The condition of this obligation is such that if the above-named principal shall faithfully comply with all the provisions of Chapter 79, Article 33, G.S., Kansas, 1949, and amendments thereto, together with the Sales and Compensating Tax Rules and Regulations promulgated by the Director of Taxation pursuant thereto, then this obligation shall be void and of no effect; otherwise it shall be and remain in full force and effect. Said principal hereby authorizes employees of the Department of Revenue to disclose to the surety herein a statement of account relating to the tax guaranteed by this bond.

This bond is effective on and after the _____ day of _____, _____
(Year)

Witness our hands at _____, Kansas, this _____ day of _____, _____
(Year)

(Principal)
By _____
(Indicate Position: President, Vice-President, Partner, Owner)

Attest _____
(Second Corporate Officer, Indicate Office)

(Surety)

(Surety Address)

(Surety Company Phone Number)

SEAL

By _____
(Surety Signature)

Its _____
(Bond shall be accompanied by power of attorney for attorney-in-fact. A Kansas licensed agent of the surety must countersign.)

Countersigned at _____, Kansas by _____
(Kansas Licensed Agent)

Submit this bond and total payment amount to the Cigarette Tobacco, Customer Relations, PO Box 750680, Topeka, KS 66625-0680. Make your check payable to KDOR.

If you need any additional copies of the form you can find them at: <http://ksrevenue.gov/bustaxtypescig.html> or have any questions, please contact Cigarette Tobacco at 785-368-8222 or email kdor_cigtob@ks.gov