

NONRESIDENT CONTRACTOR'S REQUEST FOR BOND RELEASE

SECTION I

Contractor's Name and Address

Surety Company's Name and Address

Location of Contract(s): _____

SECTION II

1. Date contracts commenced: _____

2. Date contracts completed: _____

3. Date of last payment of wages in the completion of contract or contracts: _____

4. Operational machinery and equipment were located in: _____
County, Kansas, on January 1, 20____.

5. Surety Bond Number: _____

6. Amount of completed contract: _____

SECTION III

I certify that the above stated contract or contracts has or have been completed and do hereby furnish to the Director of Taxation of the State of Kansas, the above information as required by K.S.A. 79-1008 through 79-1015, inclusive and amendments thereto.

Date

Signature of Contractor (Title)

Mail this form to:

Kansas Department of Revenue
Division of Taxation
PO Box 3506
Topeka KS 66625-3506