

STATE OF OKLAHOMA
TAXPAYER ASSISTANCE DIVISION - OKLAHOMA TAX COMMISSION



CIGARETTE STAMP AND/OR UNSTAMPED TOBACCO PRODUCTS TAX BOND
(SURETY BOND FORM)

Know All Men By These Presents: FEI/SSN: _____ Bond Number: _____

That I, we, or either of us, _____
(if partnership, names of all partners)

doing business under the name of _____

with the principal place of business at _____

as PRINCIPAL and _____,

mailing address of _____,

a corporation duly incorporated under the laws of _____ and authorized to transact business within the State of Oklahoma, as Surety, are all held and firmly bound unto the State of Oklahoma, and to the Oklahoma Tax Commission, as the official collector of the cigarette stamp and tobacco products tax levied by the laws of the State Oklahoma, in the sum of twenty-five thousand dollars (\$25,000.00) for the payment of which, well and truly to be made, the said Principal and Surety bind themselves, their successors, heirs and assigns jointly and severally by these presents:

THE CONDITION OF THE FOREGOING OBLIGATION IS SUCH, that, (check all that apply)

(Cigarette Stamp): WHEREAS, the said Principal is a distributing agent, wholesaler or jobber, as defined by the laws of the State of Oklahoma relating to the sale, use, gift, possession or consumption of cigarettes, and or

(Unstamped Tobacco Products): WHEREAS, the said Principal is a wholesaler, jobber, retailer or consumer, as defined by the laws of the State of Oklahoma relating to the sale, use, exchange or possession of unstamped tobacco products, who has purchased or allowed to come into his possession unstamped tobacco products.

NOW THEREFORE, If the said Principal shall, while this bond is in force and effect, beginning at noon, Central Standard Time, on the _____ day of _____, _____, make and file with the Oklahoma Tax Commission, the reports, invoices and details of transactions and operations in cigarettes and/or tobacco products required by law, and by the rules and regulations of the Oklahoma Tax Commission, and shall well and truly pay, or cause to be paid, any and all cigarette stamp taxes, and penalties and interest thereon, due the State of Oklahoma, (the amount due to be ascertained by the Oklahoma Tax Commission, whose finding shall be final and conclusive in any action upon said bond to enforce liability thereunder), then this obligation shall be null and void; otherwise, to remain in full force and effect.

This bond is a continuing bond, and may be terminated and Surety released from any and all liability to the State of Oklahoma accruing on such bond after the expiration of thirty days from the date upon which Surety shall have filed with the Oklahoma Tax Commission a written request to be released and discharged, but this provision shall not operate to relieve, release or discharge the Surety from any liability already accrued, or which shall accrue before the expiration of the thirty day period. The written request of the Surety to be released and discharged hereunder shall be given by certified mail to the Director of the Taxpayer Assistance Division, Oklahoma Tax Commission, Post Office Box 269057, Oklahoma City, Oklahoma 73126-9057.

BY EXECUTION OF THIS BOND, PRINCIPAL SPECIFICALLY AUTHORIZES THE OKLAHOMA TAX COMMISSION TO FURNISH ANY AND ALL AUDIT PAPERS TO THE SURETY AS MAY BE DEEMED NECESSARY BY THE OKLAHOMA TAX COMMISSION TO SUPPORT ANY CLAIM HEREUNDER.

IN TESTIMONY WHEREOF, the said Principal has excuted this bond, if a corporation, by causing this bond to be signed by its president and attested by its secretary, with its corporate seal affixed, or if a partnership, all partners have signed as Pricipals; and the said Surety has executed this bond or caused same to be executed by its attorney in fact, with its corporate seal hereunto affixed.

Signed and sealed this _____ day of _____, _____.

(CORPORATE SEAL OF PRINCIPAL)

ATTEST: _____ Principal

Secretary _____ President

(CORPORATE SEAL OF SURETY)

ATTEST: _____ Surety

Secretary By _____ Attorney-in-Fact

Registered, this _____ day of _____, _____ Oklahoma Tax Commission

By _____
Director, Taxpayer Assistance Division