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This form must be completed and returned to the Department of Revenue with the completed bond form. Return this form to:
 Louisiana Department of Revenue, Taxpayer Services Division, P.O. Box 4998, Baton Rouge, LA 70821-4998

If sending by courier, use the following address:
 Louisiana Department of Revenue, 617 North Third Street, Baton Rouge, LA 70804

Keyed on DB

PLEASE PRINT OR TYPE.

Legal Name	Trade Name		
Mailing Address	City	State	ZIP
Contact Person	Telephone	Fax	

A. Tax Registration Information - Complete each tax section below or check appropriate boxes.						
1. Louisiana Sales and Use Tax Number <i>(Application enclosed, if applicable.)</i>						
<input type="checkbox"/> None <input type="checkbox"/> Applied for <i>(Attach application.)</i> <input type="checkbox"/> Not required <i>Explain</i> _____	<table border="1"> <tr> <td style="width: 100px; height: 20px;"></td> <td style="width: 20px; text-align: center;">-</td> <td style="width: 40px; height: 20px;"></td> </tr> </table>		-			
	-					
2. Louisiana Income/Withholding Tax Number <i>(Application enclosed, if applicable.)</i>						
<input type="checkbox"/> None <input type="checkbox"/> Applied for <i>(Attach application.)</i> <input type="checkbox"/> Not required <i>Explain</i> _____	<table border="1"> <tr> <td style="width: 100px; height: 20px;"></td> <td style="width: 20px; text-align: center;">-</td> <td style="width: 40px; height: 20px;"></td> </tr> </table>		-			
	-					
3. Louisiana Corporate Income/Franchise Tax Number <i>(Application enclosed, if applicable.)</i>						
<input type="checkbox"/> None <input type="checkbox"/> Applied for <i>(Attach application.)</i> <input type="checkbox"/> Not required <i>Explain</i> _____	<table border="1"> <tr> <td style="width: 100px; height: 20px;"></td> <td style="width: 20px; text-align: center;">-</td> <td style="width: 40px; height: 20px;"></td> </tr> </table>		-			
	-					
4. Social Security Number for Individual Income Tax						
<input type="checkbox"/> None <input type="checkbox"/> Applied for <i>(Attach application.)</i> <input type="checkbox"/> Not required <i>Explain</i> _____	<table border="1"> <tr> <td style="width: 40px; height: 20px;"></td> <td style="width: 20px; text-align: center;">-</td> <td style="width: 40px; height: 20px;"></td> <td style="width: 20px; text-align: center;">-</td> <td style="width: 80px; height: 20px;"></td> </tr> </table>		-		-	
	-		-			
5. Louisiana Unemployment Insurance Tax Account Number						
<input type="checkbox"/> None <input type="checkbox"/> Applied for <i>(Attach application.)</i> <input type="checkbox"/> Not required <i>Explain</i> _____	<table border="1"> <tr> <td style="width: 100px; height: 20px;"></td> </tr> </table>					

B Contracts

1. Contract 1	For Office Use >	Cert. #	-B-	
		Bond #		
<p>1. Name/Description _____</p> <p>2. Location _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> Street Address City Parish </div> </p> <p>3. Is this contract located within the limits of a municipality? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the municipality _____</p> <p>4. Estimated beginning date of contract (MM/DD/YYYY): _____</p> <p>5. Estimated ending date of contract (MM/DD/YYYY): _____</p> <p>6. Estimated contract price: \$ _____</p> <p>7. Five percent of Line 6 or \$1,000, whichever is greater: \$ _____ <i>This is the amount of the bond you are required to obtain for this contract.</i></p>				

2. Contract 2	For Office Use >	Cert. #	-B-	
		Bond #		
<p>1. Name/Description _____</p> <p>2. Location _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> Street Address City Parish </div> </p> <p>3. Is this contract located within the limits of a municipality? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the municipality _____</p> <p>4. Estimated beginning date of contract (MM/DD/YYYY): _____</p> <p>5. Estimated ending date of contract (MM/DD/YYYY): _____</p> <p>6. Estimated contract price: \$ _____</p> <p>7. Five percent of Line 6 or \$1,000, whichever is greater: \$ _____ <i>This is the amount of the bond you are required to obtain for this contract.</i></p>				

3. Contract 3	For Office Use >	Cert. #	-B-	
		Bond #		
<p>1. Name/Description _____</p> <p>2. Location _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> Street Address City Parish </div> </p> <p>3. Is this contract located within the limits of a municipality? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the municipality _____</p> <p>4. Estimated beginning date of contract (MM/DD/YYYY): _____</p> <p>5. Estimated ending date of contract (MM/DD/YYYY): _____</p> <p>6. Estimated contract price: \$ _____</p> <p>7. Five percent of Line 6 or \$1,000, whichever is greater: \$ _____ <i>This is the amount of the bond you are required to obtain for this contract.</i></p> <p>Attach additional sheets, if required. (Duplicate this page.)</p>				

C Registration Fees

A \$10.00 registration fee is assessed for each contract that you have entered into since July 6, 1984, in Louisiana. To determine the required amount of registration fees, multiply the total number of contracts listed by \$10.00. Make payment to Louisiana Dept. of Revenue. Do not send cash.	Number of contracts	
		X \$10.00
	Total registration fees =	