

	<b>Contractor/Subcontractor Surety Bond</b> Pursuant to Louisiana Revised Statutes 47:9 and R.S. 47:306(D)
Louisiana Department of Revenue Taxpayer Services Division P.O. Box 4998 Baton Rouge, LA 70821-4998 (225) 219-7356, Option 3	

Bond Number \_\_\_\_\_

BE IT KNOWN TO ALL BY THESE PRESENTS, that we, the Principal and Surety listed below, as agreed to by their duly authorized representatives, do provide the identifying data and bind ourselves as follows:

Principal (Name of Legal Entity—individual, partnership, or corporation)			
<b>Mark one:</b> <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other			
If a corporation, indicate the state of domicile			Parish/County
Trade name of business			
Mailing address of business	City	State	ZIP
City of contract	State of contract		
Name of Surety			
Home office address of Surety (Street, P.O. Box)	City	State	ZIP

THUS DONE AND SIGNED by the Principal in the presence of the undersigned competent witnesses on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_ City, \_\_\_\_\_ State.

It is agreed to by Surety that it is held and bound in solido with the Principal, to the Secretary of the Department of Revenue for the State of Louisiana, or his successors in office, in the amount of \_\_\_\_\_ dollars ( \$\_\_\_\_\_ ) for the payment of which, will be made to the Department of Revenue. We, the Principal and Surety, do now agree to bind ourselves jointly and severally with the Department of Revenue to this contract. This bond shall be effective on and after \_\_\_\_\_ Month, Day, Year.

**The condition of the foregoing obligation is such that:**

WHEREAS, the said Principal is a contractor or subcontractor performing work on or subcontracting a construction project or projects in this state, and,

WHEREAS, as a result of said Principal's business operation in the State of Louisiana, the Principal will become liable for taxes levied by the State of Louisiana and its political subdivisions.

NOW, THEREFORE, if the said Principal shall pay all taxes, penalties, and costs levied by, accrued or accruing under the laws and ordinances of this state and its political subdivisions, as amended; and shall fully, completely, and faithfully perform all of the conditions and requirements of the laws and ordinances, as amended; and shall guarantee payment of all taxes and penalties levied by said laws and ordinances in the manner and at the time provided therein, then this obligation shall be null and void, otherwise it is to remain in full force and effect.

This is a continuing bond and may be terminated by either Surety or Principal by giving the other 90 (ninety) days prior notice of such intention to terminate the bond. In the event the bond existing between the Principal and Surety is canceled, the Principal shall be required to give a new surety bond before the 90 days elapse. Any notices shall be filed with the Secretary or his authorized representative, but such termination of the bond shall not relieve the Surety of any liability on which any claim or claims known, or claims which might arise, and for which the Surety would be liable before the effective date of said notice of termination.

This bond authorized by and made pursuant to the provisions of R.S. 47:9 and R.S. 47:306(D), as amended, and all provisions of said law are hereby made a part of this bond by reference.

FURTHER, the Principal, Surety, and the Louisiana Department of Revenue agree to litigate any and all disputes involving said bond in the 19th Judicial District Court for the State of Louisiana.

**{ Signatures required on reverse. }**

**PRINCIPAL**  
**( Two Witnesses Required. )**

\_\_\_\_\_  
Name of Principal

\_\_\_\_\_  
Witness Number One

\_\_\_\_\_  
Signature of authorized representative

\_\_\_\_\_  
Witness Number Two

\_\_\_\_\_  
Print name and title.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
My commission expires (*Seal*)

THUS DONE AND SIGNED by the Surety in the presence of the undersigned competent witnesses on the \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_, \_\_\_\_\_.  
Year City State

**SURETY**  
**( Two Witnesses Required. )**

\_\_\_\_\_  
Name of Surety

\_\_\_\_\_  
Witness Number One

\_\_\_\_\_  
Signature of authorized representative

\_\_\_\_\_  
Witness Number Two

\_\_\_\_\_  
Print name and title.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
My commission expires (*Seal*)

THUS DONE AND SIGNED by the Surety in the presence of the undersigned competent witnesses on the \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_, \_\_\_\_\_.  
Year City State