Division Use Only — DLN Stamp	Division Use Only — Date Stamp

State of New Jersey

Send to: Division of Taxation
PO Box 189
Trenton, NJ 08695-0189

Surety Instrument №

Pursuant to NJSA 54:39-101 et seq
3-2011

Form SMF-6 New Jersey Supplier of Motor Fuels **Tax Bond**

Principal

Name		Type of Business Entity	
DBA		Contact	Phone:
Tax ID №		Email	
Mailing Address		Business Address	

Corporate Agent to the Principal

Name		
Address		
Email	Phone:	

Surety

Name		
Address		
Email	Phone:	

Surety Instrument

Amount	Issue Date	Period Covered	From:
			To:
			if no end date is specified, check here ☐

The Surety is held and firmly bound to the State of New Jersey in the aggregate sum of this bond, to be paid to the State of New Jersey by the Surety or its successors, executors, administrators and assigns, both jointly and severally. The condition of this obligation is such that, if the above bounden faithfully performs and discharges all the requirements and duties imposed under the Motor Fuel Tax Act, NJSA §54:39-101 et seq, including payment of all taxes, penalties, interest, and any other obligation, then this obligation is to be void; otherwise to remain in full force and effect.

Signature of Principal

Primary

Primary Signature*

Printed Name

Primary Signatory's Title | Date Signed

Witness

Witness' Signature*

Printed Name

Witness' Title | Date Signed

*By signing, the principal authorizes the State of New Jersey to make available to the Surety all documents, schedules, returns, or any other information related to this bond.

Signature of Surety

Primary Signature †

Printed Name

Primary Signatory's Title | Date Signed

Witness' Signature †

Printed Name

Witness's Title | Date Signed

† By signing, the Surety agrees to accept the documents, schedules, and returns from the State of New Jersey as sufficient evidence of liability for this bond.

Acknowledgement

State of _____) Date of Acknowledgement _____
) SS
County of _____)

The principal or authorized representative of the principal named personally appeared before me on the date of this acknowledgement to affirm and verify that he/she is authorized to execute the forgoing instrument and acknowledged to me that he/she executed this instrument as and for the act and deed of the principal.

Notary Seal

Signature of Notary

Printed Name | Expiration of Commission