

**KANSAS DEPARTMENT OF REVENUE  
DIVISION OF TAXATION  
PO BOX 3506  
TOPEKA, KANSAS 66625-3506**

**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 was 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)