ARIZONA DEPARTMENT OF REVENUE

Bond Release Request for Contractors

Please complete this form to request release of taxpayer bonds. Please note that bonds submitted under ARS § 42-5006 are required by law to be held by the Department of Revenue for a minimum of two years. If you are requesting release prior to two years, circumstances must be exceptional. Release is not allowed in any case where there is a potential tax liability. Bonds submitted under ARS § 42-5007 can be released if the taxpayer shows that the taxes have been paid.	Transaction Privilege Tax license number	
	Withholding identification number	
	Federal taxpayer identification number (TIN)	

Business name			Business telephone
Mailing address	City	State	Zip
Is your business headquartered out-of-state?			Yes ☐ No ☐
Parent company name			Business telephone
Mailing address	City	State	Zip
Reason for request			
Is your business being sold?			Yes ☐ No ☐
Are you also requesting cancellation of your transaction privilege tax and/or withholding licenses?			Yes ☐ No ☐
Has your Registrar of Contractor's license been cancelled?			Yes ☐ No ☐
Are there any additional contracts which have not been reported on sales tax returns?			Yes ☐ No ☐
If yes, please explain.			
Do you have any other license with the Department of Revenue?			Yes ☐ No ☐
If yes, indicate type of license and number.			

If you are requesting release of a bond submitted under ARS § 42-5007 for contracts over $50,000, please provide the following:

Bond amount		Original claimed contract amount	
Actual contract amount		Month reported on TPT-1	

I certify that the above statements are true.

SIGNATURE **TITLE** **DATE** **NOTARY**

ADOR 74-4008 (9/02)

For Department of Revenue Use Only

License and Registration Section Use Only									
						Date received			
Type of bond submitted						Date bond posted			
Surety company						Date license issued			
All TPT-1 filed and current	Yes ☐	No ☐				Taxpayer liened	Yes ☐	No ☐	
Taxpayer or principle on A/R	TPT ☐	Withholding ☐	Individual income ☐	Corporate ☐	N/A ☐				
Prior charge offs	Yes ☐	No ☐					Yes ☐	No ☐	
Recommendation for release:									

Audit section use only	Investigate	Yes ☐	No ☐			Date to omega		
Supervisor assigned						Date contacted		
Audit assigned						Audit date		
Prior audit	Yes ☐	No ☐	On omega	Yes ☐	No ☐	Collection approval		
Pre-audit received	Yes ☐	No ☐	Post audit received	Yes ☐	No ☐			
SUPERVISOR			SIGNATURE			DATE		

Explanation of denial of release:	