



# Indian Tribe Reemployment Tax\* Surety Bond

RT-40  
R. 01/13

TC  
Rule 73B-10.037  
Florida Administrative Code  
Effective 11/14

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**FLORIDA**

|                           |   |
|---------------------------|---|
| Name or legal entity name | Reemployment Tax Account Number<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                                |
| Mailing address           | Telephone number<br><input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| City, State ZIP           |   |

Please complete and submit an original *Indian Tribe Reemployment Tax Surety Bond (RT-40)* for each tribe or tribal unit electing to become liable for payments in lieu of contributions. An applicant must execute and file this surety bond with the Department of Revenue within 90 days of election. If further information is needed, please contact Account Management at 800 352-3671.

State of \_\_\_\_\_ County of \_\_\_\_\_ Bond Number \_\_\_\_\_

We, \_\_\_\_\_, as Principal, and \_\_\_\_\_ as Surety, are bound to  
 (Name of Principal) (Name of Surety)

the Florida Department of Revenue on behalf of the State of Florida, in the sum of \$ \_\_\_\_\_ for the payment of which we bind ourselves, our successors, assigns, heirs, and personal representatives, jointly and severally. Principal acknowledges that it has chosen to make payments in lieu of contributions according to section 443.1315, Florida Statutes (F.S.) and will timely pay all bills within 30 days of the mailing date of each bill according to s. 443.1315, F.S.

THE CONDITION OF THIS BOND is that the principal faithfully and timely complies with the payment provisions contained in s. 443.1315, F.S. regarding such reemployment tax debts of the Indian tribe or tribal unit then this bond is void; otherwise it remains in force.

The surety agrees that if the surety chooses to cancel this bond, notification must be submitted in writing to the Department. The bond will be cancelled 90 days after the Department receives notification. The surety is liable for acts committed by the principal and covered by the terms of the bond until it is cancelled.

The Department shall calculate the amount of the bond by determining the average amount of benefits charged to the principal per quarter during the previous calendar year and multiplying that average by two. If there is insufficient employment history to determine the average, the amount of the bond shall be the number of the principal's employees multiplied by thirty percent and that figure shall then be multiplied by \$3,000 to arrive at the bond amount.

The Department may review the bond annually to determine if there is a need to adjust the face amount. If the Department determines that the bond amount needs to be increased it shall advise the Indian tribe or tribal unit which shall have 90 days from the date of notification to increase the amount of the bond.

Failure of the Indian tribe or tribal unit to have in effect a surety bond in the amount determined necessary by the Department will cause the Indian tribe or tribal unit to lose the option to make payments in lieu of contributions effective the following year.

\* Formerly Unemployment Tax



Reemployment Tax Account Number

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The bond shall be effective as of the \_\_\_\_\_ day of \_\_\_\_\_ .

Signed this \_\_\_\_\_ day of \_\_\_\_\_ , \_\_\_\_\_  
(Month) (Year)

As Principal

By \_\_\_\_\_  
(Principal's Name)

As Surety

By \_\_\_\_\_  
(Surety's Name)

\_\_\_\_\_  
(Surety's Address)

\_\_\_\_\_  
(City, State ZIP)

By \_\_\_\_\_

As Attorney-in-Fact and Florida  
Resident Agent for Surety  
(Authority of Attorney-in-Fact and  
Florida Resident Agent must be  
attached)

Mail completed form to:  
Account Management  
Florida Department of Revenue  
PO Box 6510  
Tallahassee FL 32314-6510

\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\*

Accepted this \_\_\_\_\_ day of \_\_\_\_\_ , \_\_\_\_\_

By \_\_\_\_\_

Title \_\_\_\_\_