

# Nebraska Motor Fuels Tax Bond Rider

**FORM  
70XN**

If combined bond, complete schedule on page 2.

<b>1</b> Nebraska ID Number	<b>2</b> Federal Employer ID or Social Security Number	<b>3</b> Surety Bond Number	<b>4</b> Was a combined bond issued? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete schedule on page 2.
-----------------------------	--	-----------------------------	--

Name and Legal Address Shown on License or Permit	Principal's Name and Mailing Address
Name	Name
Street Address	Street or Other Mailing Address
City State Zip Code	City State Zip Code

**5** Fuel Tax Program(s) Covered by Bond Prior to Amendment

Motor Fuels Tax     
  Producer     
  Aircraft Fuels Tax     
  Compressed Fuel Tax

<b>6</b> Type of Change Requested (see instructions)	<b>7</b> Amount of Bond After Amendment						
<input type="checkbox"/> Change in Name <input type="checkbox"/> Change in Amount of Bond <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Change Bond Effective Date _____ <input type="checkbox"/> Change in Form of Ownership <input type="checkbox"/> Other _____	<b>8</b> Effective Date of Change						
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;">Month</td> <td style="width:33%; text-align:center;">Day</td> <td style="width:33%; text-align:center;">Year</td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> </tr> </table>	Month	Day	Year			
Month	Day	Year					

**9** Explanation of Changes

Name and Mailing Address of Surety Company	Name and Mailing Address of Agent
Name	Name
Street or Other Mailing Address	Street or Other Mailing Address
City State Zip Code	City State Zip Code

All provisions and conditions of the bond to which this rider is attached remain unchanged except for the specific changes made by this rider.

The liability of the surety under the bond and under this rider shall not be cumulative.

**sign here**

Signature of Principal \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Attorney-in-Fact or Authorized Surety Company Officer \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Agent \_\_\_\_\_ Date \_\_\_\_\_

Mail this rider to: **Nebraska Department of Revenue, PO Box 98904, Lincoln, NE 68509-8904.**

## Instructions

**Who Must File.** Every licensee with a current [Nebraska Motor Fuels Tax Bond, Form 70](#), must file this form to report any changes in the bond.

**When and Where to File.** This rider must be filed prior to the effective date of any change in an existing bond or before the date specified by the Nebraska Department of Revenue (DOR) when the DOR requests a change in an existing bond. The rider must be mailed to the Nebraska Department of Revenue, PO Box 98904, Lincoln, NE 68509-8904.

**New Motor Fuels Tax Bond.** This form can only be used to amend an existing bond. All new bonds must be filed on Nebraska Motor Fuels Tax Bond, Form 70.

**Changes on Permits and Licenses.** This form cannot be used to change any motor fuels tax permit or license information.

To correct, terminate, or reinstate a permit or license, send a letter to DOR. A change in either the ownership or form of ownership of any motor fuels tax permit or license requires cancellation of the old permit or license and the issuance of a new one.

### Specific Instructions

**Line 1.** Enter the Nebraska ID number that you hold. Do not enter your Social Security number.

**Line 2.** Enter your federal employer ID number if you hold one. If one has been applied for, enter “applied for.” If you do not have a federal employer ID number and have not applied for one, enter your Social Security number.

**Line 4.** Check the appropriate box to show whether the current bond is a combined bond. If it is a combined bond, you must complete Nebraska Schedule— Combined Motor Fuels Tax Bond Rider on this form.

**Name and Address.** Enter the names and addresses as currently shown on the bond. A new name or address must be entered on line 9 with an explanation of the change.

**Line 5.** Check the appropriate boxes to indicate the motor fuel tax programs covered by the current bond prior to any changes.

**Line 6.** Check the appropriate boxes to indicate the changes made in the existing bond. One rider can be used to make multiple changes in a current bond.

**A Form 70XN is not required when only making a change in the location or mailing address.**

**Line 7.** Indicate the surety’s total liability under the bond after the changes take effect.

**Line 8.** Enter the date that the changes made by the rider take effect. DOR must receive this rider prior to the effective date of the changes.

**Line 9.** Give a detailed explanation of the changes being made in the existing bond. Specifically state what provisions are being changed and the conditions that will be in effect after the changes are made.

For additional information, please contact your account representative at the Nebraska Department of Revenue, PO Box 98904, Lincoln, NE 68509-8904, or call 800-554-FUEL (800-554-3835), or 402-471-5730. DOR’s website is [revenue.nebraska.gov/motor-fuels](http://revenue.nebraska.gov/motor-fuels).

<b>Nebraska Schedule — Combined Motor Fuels Tax Bond Rider</b>		
Tax Program	Amount of Bond As Issued	Amount of Bond After Amendment
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b> Total of lines 1 through 3. Enter here and on line 7 on page 1 of this form. . .		