



Texas Application



- Sales Tax Permit • Use Tax Permit • 9-1-1 Emergency Communications
- Prepaid Wireless 9-1-1 Emergency Service Fee
- Off-Road, Heavy-Duty Diesel Powered Equipment Surcharge

GLENN HEGAR TEXAS COMPTROLLER OF PUBLIC ACCOUNTS

If you are a sole proprietor, start on the next page, Item 10.

1. Business Organization Type

- | | | |
|---|--|--|
| <input type="checkbox"/> Profit Corporation (CT, CF) | <input type="checkbox"/> General Partnership (PB, PI) | <input type="checkbox"/> Business Trust (TF) |
| <input type="checkbox"/> Nonprofit Corporation (CN, CM) | <input type="checkbox"/> Professional Association (AP, AF) | <input type="checkbox"/> Trust (TR) <small>Submit a copy of the trust agreement with this application.</small> |
| <input type="checkbox"/> Limited Liability Company (CL, CI) | <input type="checkbox"/> Business Association (AB, AC) | <input type="checkbox"/> Real Estate Investment Trust (TH, TI) |
| <input type="checkbox"/> Limited Partnership (PL, PF) | <input type="checkbox"/> Joint Venture (PV, PW) | <input type="checkbox"/> Joint Stock Company (ST, SF) |
| <input type="checkbox"/> Professional Corporation (CP, CU) | <input type="checkbox"/> Holding Company (HF) | <input type="checkbox"/> Estate (ES) |
| <input type="checkbox"/> Other <i>(explain)</i> _____ | | |

2. Legal name of corporation, partnership, limited liability company, association or other legal entity

3. Federal Employer Identification Number (FEIN)..... _____
(assigned by the Internal Revenue Service for reporting federal income taxes)

4. Check here if you DO NOT have an FEIN.

3 _____

5. List any current or past 11-digit Texas Taxpayer Number for reporting any taxes or fees to the Texas Comptroller of Public Accounts.....

6. Have you ever received a Texas vendor or payee number (Texas Identification Number/TIN)?

YES NO

If "YES," enter number ...

State/country _____ Month _____ Day _____ Year _____

7. Enter the home state or country where this entity was formed and the formation date.....

File number

Enter the home state registration/file number.....

File number

Non-Texas entities: enter the file number if registered with the Texas Secretary of State.....

8. If the business is a corporation, has it been

involved in a merger within the last seven years?

YES NO

If "YES," attach a detailed explanation. *(See instructions.)*

9. List all general partners, officers or managing members *(Attach additional sheets, if necessary.)*

Name	Phone (Area code and number)		
_____	_____		
Home address	City	State	ZIP code
_____	_____	_____	_____
SSN	FEIN	Percent of ownership	County (or country, if outside the U.S.)
_____	_____	_____ %	_____

Position held: General Partner Officer/Director Managing Member Other _____

Name	Phone (Area code and number)		
_____	_____		
Home address	City	State	ZIP code
_____	_____	_____	_____
SSN	FEIN	Percent of ownership	County (or country, if outside the U.S.)
_____	_____	_____ %	_____

Position held: General Partner Officer/Director Managing Member Other _____

If you are not a sole proprietor, go to Item 15.

ENTITY INFORMATION

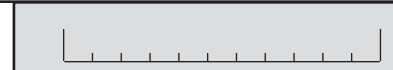
Texas Application for Sales Tax Permit and/or Use Tax Permit



You have certain rights under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at the address or numbers listed on this form.

• TYPE OR PRINT • Do NOT write in shaded areas.

If you are a sole proprietor, start here.
(If you are NOT a sole proprietor, skip to Item 15.)



SOLE PROPRIETORS

- 10. Legal name of sole proprietor (first, middle initial, last) _____
- 11. Social Security number (SSN) - - Check this box if you DO NOT have a Social Security number (SSN).
- 12. List any current or past 11-digit Texas Taxpayer Number for reporting any taxes or fees to the Texas Comptroller of Public Accounts.
- 13. Have you ever received a Texas vendor or payee number (Texas Identification Number/TIN)? YES NO If "YES," enter number
- 14. Federal Employer Identification Number (FEIN), if you have one, assigned by the Internal Revenue Service for reporting federal income taxes. -

All applicants continue here.

ALL APPLICANTS

- 15. Mailing address of **taxpaying entity** - This address is for an individual or the person responsible for making decisions regarding address changes and banking changes and who is responsible for overall account management and account security. Enter complete address including suite, apartment or personal mailbox number. Indicate whether the address is on a street, avenue, parkway, drive, etc., and whether there is a directional indicator (e.g., North Lamar Blvd.).
 Street number and name, P.O. Box or rural route and box number _____ Suite/Apt. # _____
 City _____ State/province _____ ZIP code _____ County (or country, if outside the U.S.) _____
- 16. Daytime phone number (Area code and number) - -
- 17. FAX number (Area code and number) - -
- 18. Mobile/cellular phone number (Area code and number) - -
- 19. Business website address(es)
- 20. Contact person for business records
 Name _____ Email address _____
 Street address (if different from the address in Item 15) _____ Phone number (Area code, number and extension) _____
- 21. Alternate contact person for business records
 Name _____ Email address _____
 Street address (if different from the address in Item 15) _____ Phone number (Area code, number and extension) _____
- 22. Name of bank or other financial institution (Attach additional sheets, if necessary.) _____ Business Personal
- 23. If you will be accepting payments by credit card and/or through an online payment processing company, enter the name of the processor. _____ Merchant identification number (MID) assigned by processor _____

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Legal name (Same as Item 2 OR Item 10)

**Complete all information in this section for each PLACE OF BUSINESS in Texas.
If you do not have a physical PLACE OF BUSINESS in Texas, skip to Item 29.**

24. **PLACE OF BUSINESS** name and address - This address is for the physical location operated for the purpose of taking orders for taxable items (tangible personal property or taxable services). **(Attach additional sheets for each PLACE OF BUSINESS in Texas.)**

Business name (DBA)

Street address (include St, Av, Ct, etc.) or rural route and box number **(Do NOT use P.O. Box address--must provide physical location address.)** Suite/Apt. number

City State ZIP code Business location phone
_____ T, X _____ - _____ - _____

If this PLACE OF BUSINESS address is difficult to find or includes a rural route and box number, provide the physical location or directions.

See instructions prior to answering Items 25 and 26.

25. Within what city limits is this PLACE OF BUSINESS? _____ Check this box if this PLACE OF BUSINESS is NOT located within the limits of a city in Texas.

26. Within what county is this PLACE OF BUSINESS?

27. Is this PLACE OF BUSINESS operated from your home? YES NO

28. Do you ship or deliver items to cities or counties in Texas other than where you have your place of business? YES NO

29. Enter the name and address of the owner or landlord of this PLACE OF BUSINESS.

30. Do you maintain a distribution center, warehouse, office or any other physical location where business is conducted in Texas? YES NO
If "YES", list location of all distribution points, warehouses or offices in Texas. **(Do not include locations that are considered a PLACE OF BUSINESS.) (Attach additional sheets, if necessary.)**

Street City State ZIP code
_____ T, X _____
_____ T, X _____

31. Do you have any representative, agent, salesperson, canvasser or solicitor who operates under your authority to conduct business in Texas, including selling, delivering or taking orders for taxable items? YES NO

If "YES", list names and addresses of all representatives, agents, salespersons, canvassers or solicitors in Texas.
(Attach additional sheets, if necessary)

Name (first, middle initial, last)

Street address City State ZIP code
_____ T, X _____

32. Do you own, use, sell, lease or rent tangible personal property located in Texas? (This includes storing machinery and equipment.) YES NO

33. Do you provide onsite taxable services at customer locations in Texas? YES NO

34. Do you sell at temporary locations (fairs, trade shows, etc.) in Texas? YES NO
If "YES", list the locations or event names and when you will be at location or event. **(Attach additional sheets, if necessary)**

Location and/or event name (e.g., Canton First Mondays, State Fair in Dallas, etc.) Period in attendance (e.g., first weekend of each month, late October, etc.)

35. Do you have a franchisee or licensee operating under your name who is required to collect sales and use taxes in Texas? YES NO

36. Do you have a substantial ownership in, or are owned in whole or substantial part, by a person who has a business location in Texas and sells the same or similar line of products under a business name that is similar to your business name? YES NO

37. Do you have a substantial ownership in, or are owned in whole or substantial part, by a person who maintains a location in Texas to advertise, promote or facilitate sales, deliveries or returns of your products? YES NO

PLACE OF BUSINESS INFORMATION

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RELATED INFORMATION

38. Do you have internet or mail order sales? YES NO
39. Are you a Marketplace Provider? YES NO
40. Will your anticipated monthly taxable sales exceed \$8,000 per month? YES NO
41. Will you sell alcoholic beverages? YES NO
 If "YES", which permit will you hold? MIXED BEVERAGE BEER AND WINE
42. Is this permit for a winery located outside of Texas that will ship wine to consumers in Texas? YES NO
 If "YES," **you must obtain an Out-of-State Winery Direct Shipper's Permit from the Texas Alcoholic Beverage Commission.** (See instructions.)
 Enter the Texas Alcoholic Beverage Commission license number(s) for this address. _____
43. Will you sell memberships to a health spa? YES NO
 If "YES," **you must attach a copy of your Health Spa certificate of registration issued by the Texas Secretary of State.**
44. Will you sell electronic cigarettes or any other device that simulates smoking by using a mechanical heating element, battery or electronic circuit to deliver nicotine or other substances to the individual inhaling from the device? YES NO
- 44a. If "YES," are you planning to sell electronic cigarettes over the internet, by mail order or by telephone? YES NO
- 44b. If "YES" in 44a above, enter your email address or URL _____
45. Will you sell fireworks? YES NO
46. If you have answered "NO" to questions 30-37, 39 and 43, do you elect to use the optional Single Local Tax (SLT) rate? YES NO
47. Enter the date that you will begin making sales? / / Month Day Year
48. Will you operate this business all year? YES NO
 If "NO," list the months you will operate _____ NAICS code
49. Enter your North American Industry Classification System (NAICS) code. (See specific instructions.)
 If you don't know your NAICS code, indicate your principal type of business.
- | | | | | |
|--|--|---------------------------------------|--|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Transportation | <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Direct Sales / Marketing |
| <input type="checkbox"/> Mining | <input type="checkbox"/> Finance | <input type="checkbox"/> Services | <input type="checkbox"/> Communications (See Item 38.) | |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Utilities | <input type="checkbox"/> Insurance | <input type="checkbox"/> Public Administration | |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Health Spa | <input type="checkbox"/> Other (explain) _____ | |
- Primary business activity and type of products or services to be sold. _____
50. Will you be required to report interest earned on sales tax? (See specific instructions.) YES NO
51. Will you sell, lease or rent off-road, heavy-duty (50 horsepower or more) diesel-powered equipment? YES NO

911 FEES

52. If you will be providing telecommunications services, indicate the 9-1-1 emergency communications fees you collect under Health & Safety Code, Chapter 771.
- 9-1-1 Wireless Emergency Service Fee (91) 9-1-1 Emergency Service Fee (92) 9-1-1 Equalization Surcharge (93)
53. Will you sell prepaid wireless telecommunications services? YES NO

PREVIOUS OWNER

If you purchased an existing business or business assets, complete Item 53; if not, skip to Item 54.

54. Previous owner's trade name (DBA name) Previous owner's Texas taxpayer number (if available)

Previous owner's legal name, address and phone number, if available

Name <input type="text"/>	Title <input type="text"/>	Phone (Area code and number) <input type="text"/>
Street address <input type="text"/>	City <input type="text"/>	State <input type="text"/> ZIP code <input type="text"/>

Check each of the following items you purchased. Inventory Corporate stock Equipment Real estate Other assets

Purchase price of this business or assets and the date of purchase

Purchase price \$ Date of purchase / / Month Day Year

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APPLICANTS MUST BE AT LEAST 18 YEARS OLD. Parents or legal guardians can obtain a sales tax permit on behalf of a minor.

55. The sole owner, ALL general partners, managing members, officers, directors or an authorized representative must sign. The representative must submit a written power of attorney. **(Attach additional sheets, if necessary.)**

Date of signature(s)
 Month Day Year

I (We) declare that the information in this document and any attachments is true and correct to the best of my (our) knowledge and belief.

Type or print name and title of sole owner, partner, officer, director or member

Sole owner, partner, officer, director or member

Driver license number/state

Are you at least 18 yrs of age or older?

sign here

YES NO

Type or print name and title of partner, officer, director or member

Partner, officer, director or member

Driver license number/state

Are you at least 18 yrs of age or older?

sign here

YES NO

Type or print name and title of partner, officer, director or member

Partner, officer, director or member

Driver license number/state

Are you at least 18 yrs of age or older?

sign here

YES NO

WARNING. You may be required to obtain an additional permit or license from the State of Texas or from a local governmental entity to conduct business. A listing of links relating to acquiring licenses, permits, and registrations from the State of Texas is available online at <http://www.Texas.gov>. You may also want to contact the municipality and county in which you will conduct business to determine any local governmental requirements.

FEDERAL PRIVACY ACT — Disclosure of your social security number is required and authorized under law, for the purpose of tax administration and identification of any individual affected by applicable law, 42 U.S.C. §405(c)(2)(C)(i); Tex. Govt. Code §§403.011 and 403.078. Release of information on this form in response to a public information request will be governed by the Public Information Act, Chapter 552, Government Code, and applicable federal law.

SIGNATURES