



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>Please 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 (explain) _____ | | |

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. Please 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. Please 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 _____

Proceed to Item 15 if you are not a sole proprietor –

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, below.)

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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. Please 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 –

BUSINESS

15. Mailing address of **taxpaying entity** - This address is for an individual or the party responsible for making decisions regarding address changes and banking changes and who is responsible for overall account management and account security. Please provide 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 _____

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



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 where business is conducted. (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. Enter the name and address of the owner or landlord of this PLACE OF BUSINESS.

29. Will your anticipated monthly taxable sales exceed \$8,000 per month?

YES NO

30. Enter the date that you will begin making sales or begin other operations subject to

Month Day Year

Texas sales and use tax. (Date cannot be more than 90 days in the future.)

31. Will you operate this business all year?

YES NO

If "NO," list the months you will operate.

32. Will you provide taxable services AT A CUSTOMER'S LOCATION and/or ship/deliver goods to customers?

YES NO

33. Will you be conducting Internet and/or mail order sales?

YES NO

NAICS code

34. 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.

- Agriculture Transportation Retail Trade Real Estate Direct Sales / Marketing
- Mining Finance Services Communications (See Item 38.)
- Construction Utilities Insurance Public Administration
- Manufacturing Wholesale Trade Health Spa Other (explain) _____

Primary business activity and type of products or services to be sold.

35. Will you sell or solicit business at temporary locations (fairs, trade shows, flea markets, carnivals, etc.) in Texas?

YES NO

If "YES," list the locations or event names and when you will be at the 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.)

36. Will you be required to report interest earned on sales tax? (See specific instructions.)

YES NO (48)

37. 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

38. If you will be providing telecommunications services, indicate the 9-1-1 emergency communications fees you collect under Health & Safety Code, Chapter 771. (Check all that apply.) (54)

9-1-1 Wireless Emergency Service Fee (91)

9-1-1 Emergency Service Fee (92)

9-1-1 Equalization Surcharge (93)

39. Will you sell prepaid wireless telecommunications services?

YES NO (94)

PLACE OF BUSINESS INFORMATION

911 FEES

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Legal name (Same as Item 2 OR Item 10)

RELATED INFORMATION

- 40. Will you be selling fireworks?..... YES NO
- 41. 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
- 41a. If "YES," are you planning to sell electronic cigarettes over the Internet, by mail order or by telephone? YES NO
- 41b. If "YES" in 41a above, enter your email address _____
- 42. Will you sell, lease or rent off-road, heavy-duty (50 horsepower or more) diesel-powered equipment? YES NO (50)
- 43. Is this permit for a winery located outside of Texas that will be shipping 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.)
- 44. Please provide the Texas Alcoholic Beverage Commission license number(s) for this address.

- 45. Will you sell memberships to a health spa?..... YES NO
If "YES," you **must** attach a copy of your certificate of registration issued by the Texas Secretary of State.
- 46. If you do not have a place of business in Texas, 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 _____ City _____ State **T X** ZIP code _____

PREVIOUS OWNER

- If you purchased an existing business or business assets, complete Item 47; if not, skip to Item 48.**
- 47. 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 _____ Title _____ Phone (Area code and number) _____
Street address _____ City _____ State _____ ZIP code _____
 - 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 _____

SIGNATURES

- APPLICANTS MUST BE AT LEAST 18 YEARS OF AGE. Parents or legal guardians may obtain a sales tax permit on behalf of a minor.**
- 48. 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 _____
Driver license number/state _____ Date of birth _____ **sign here** _____
Sole owner, partner, officer, director or member
 - Type or print name and title of partner, officer, director or member _____
Driver license number/state _____ Date of birth _____ **sign here** _____
Partner, officer, director or member
 - Type or print name and title of partner, officer, director or member _____
Driver license number/state _____ Date of birth _____ **sign here** _____
Partner, officer, director or member

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.