

TEXAS APPLICATION

SALES TAX PERMIT

OFF-ROAD, HEAVY DUTY
DIESEL POWERED
EQUIPMENT SURCHARGE

FIREWORKS TAX



USE TAX PERMIT

TELECOMMUNICATIONS
INFRASTRUCTURE FUND
ASSESSMENT

9-1-1 EMERGENCY COMMUNICATIONS

CAROLE KEETON STRAYHORN • TEXAS COMPTROLLER OF PUBLIC ACCOUNTS

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

If you are a sole proprietor, start on the next page, item 12

1. Business organization type

- Texas registered limited liability partnership (PR)
- Non-Texas registered limited liability partnership (PS)
- Limited partnership (PL or PF)
- General partnership (PG)
- Husband/Wife Co-ownership (PG)
- Other (explain) _____
- Texas limited liability company (CL)
- Texas profit corporation (CT)
- Texas nonprofit corporation (CN)
- Trust (FM) Please submit a copy of the trust agreement with this application
- Foreign Business Trust (TF)
- Non-Texas limited liability company (CI)
- Non-Texas profit corporation (CF)
- Non-Texas nonprofit corporation (CM)
- Foreign Real Estate Investment Trust (TI)
- Professional corporation (CP)
- Professional association (AP)
- Estate (ES)

2. Legal name of partnership, company, corporation, association, trust, estate, or other

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

_____ - _____

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 vendor or payee number (Texas Identification Number/TIN)?

YES NO If "YES," enter number

7. If the business is a Texas profit corporation, nonprofit corporation, professional corporation, or limited liability company, enter the file number issued by the Texas Secretary of State and date of filing (if applicable).

File/Charter number _____ Month _____ Day _____ Year _____

8. If the business is a non-Texas profit corporation, nonprofit corporation, professional corporation, or limited liability company, enter the state/country of incorporation, file number and date. If applicable, enter the Texas Certificate of Authority number issued by the Texas Secretary of State and date.

State/country of inc. _____ File number _____ Month _____ Day _____ Year _____ Texas Certificate of Authority number _____ Month _____ Day _____ Year _____

9. If the business is a limited partnership or registered limited liability partnership, enter the home state and registered identification number. (Attach a copy of registration documentation.)

State _____ Number _____

10. 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.

11. General partners, principal members/officers, managing directors, managers or trustees (Attach additional sheets, if necessary.)

Name _____ Title _____ 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: Partner Officer Director Corporate Stockholder Record keeper

Name _____ Title _____ 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: Partner Officer Director Corporate Stockholder Record keeper

Proceed to item 17 if you are not a sole proprietor –

CORPORATIONS & PARTNERSHIPS

**TEXAS APPLICATION FOR
SALES TAX PERMIT, USE TAX PERMIT AND/OR
TELECOMMUNICATIONS INFRASTRUCTURE FUND ASSESSMENT SET-UP**

• TYPE OR PRINT
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Legal name (Same as Item 2 OR Item 12)

**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 33.**

28. PLACE OF BUSINESS name and address. (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 PO Box address--must provide physical location address.)

_____ Suite/Apt. number _____

City _____ State _____ ZIP code _____ Business location phone _____

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 29 and 30.

29. 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.

30. Within what county is this PLACE OF BUSINESS?

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

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

33. Will your anticipated quarterly sales exceed \$24,000? YES NO

month day year

34. Enter the date that you will begin making sales or begin other operations subject to Texas sales and use tax. (Date cannot be more than 90 days in the future.)

35. Will you operate this business all year? YES NO

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

36. Will you provide taxable services AT A CUSTOMER'S LOCATION or ship/deliver goods to customers? YES NO

37. Will you be conducting Internet or mail order sales? YES NO

38. Provide a brief description of your business activities for this business and the primary products or services to be sold. Also, please include the NAICS code for this business, if known. (See specific instructions for Item 26.)

_____ NAICS code _____

39. 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) _____

40. Will you be required to report interest earned on sales tax? (See specific instructions) YES NO (48)

41. 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 **T, X** ZIP code _____
_____ _____ **T, X** _____

If you will be receiving compensation for providing telecommunications services, you are responsible for the Telecommunications Infrastructure Fund (TIF) assessment and should complete Items 42-44; if not, skip to Item 45.

42. Date of the first business operation that is subject to the Telecommunications Infrastructure Fund Assessment in Texas or the date you plan to start such business operation.

month day year

43. Telecommunications provider type Telecommunications Utility (24) Commercial Mobile Service Provider (25)

44. 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)

PLACE OF BUSINESS INFORMATION

TIF/911 FEES

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• TYPE OR PRINT
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Legal name (Same as Item 2 OR Item 12)

RELATED INFORMATION

If you will be selling fireworks, complete Items 45 - 47; if not, skip to Item 48.

45. Date of first operation that is subject to fireworks tax month day year

46. What type of fireworks permit were you issued by the Texas Department of Insurance? (See specific instructions.)

- Distributor Jobber Manufacturer Retailer

47. Will you make retail sales of fireworks to the general public under a consignment agreement? (Consignment sales are sales where the consignee pays the distributor only for items that the consignee sells and returns any unsold items.) YES NO (30)

If "YES," provide the name and taxpayer number of the distributor for whom you are selling.

Distributor name _____ Distributor Texas taxpayer number _____

48. Will you sell, lease, or rent off-road, heavy duty (50 horsepower or more) diesel powered equipment? YES NO (50)

49. 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** contact the Texas Alcoholic Beverage Commission to obtain an Out-of-State Winery Direct Shipper's Permit. (See specific instructions.)

50. Is there currently a Texas Alcoholic Beverage Commission license for this address? YES NO

If "YES," provide the license number(s). _____

51. 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.

52. 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 _____ ZIP code _____

PREVIOUS OWNER

If you purchased an existing business or business assets, complete Items 53-56; if not, skip to Item 57.

53. Previous owner's trade name (DBA name) _____ Previous owner's taxpayer number (if available) _____

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

Name _____ Title _____ Phone (Area code and number) _____

Street address _____ City _____ State _____ ZIP code _____

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

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

Purchase price \$ _____ Date of purchase month day year _____

**APPLICANTS MUST BE AT LEAST 18 YEARS OF AGE.
Parents or legal guardians may obtain a sales tax permit on behalf of a minor.**

57. The sole proprietor, ALL general partners, corporation or organization president, vice-president, secretary or treasurer, managing director, or an authorized representative must sign. A 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 proprietor, partner, or officer _____

Sole proprietor, partner, or officer

Drivers license number/state _____ Date of Birth _____

sign here

Type or print name and title of partner, or officer _____

Partner, or officer

Drivers license number/state _____ Date of Birth _____

sign here

Type or print name and title of partner, or officer _____

Partner, or officer

Drivers license number/state _____ Date of Birth _____

sign here

SIGNATURES