

TEXAS APPLICATION

SALES TAX PERMIT

OFF-ROAD, HEAVY DUTY
DIESEL POWERED
EQUIPMENT SURCHARGE

FIREWORKS TAX

SUSAN COMBS • TEXAS COMPTROLLER OF PUBLIC ACCOUNTS



USE TAX PERMIT

TELECOMMUNICATIONS
INFRASTRUCTURE FUND
ASSESSMENT

9-1-1 EMERGENCY COMMUNICATIONS

• 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

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

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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SOLE PROPRIETORS

If you are a sole proprietor, start here –
(If you are NOT a sole proprietor, skip to item 17, below.)

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

BUSINESS INFORMATION

All applicants continue here –

17. Mailing address - 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.)
18. Daytime phone number (Area code and number) _____
19. FAX number (Area code and number) _____
20. Mobile/cellular phone number (Area code and number) _____
21. Business/alternate E-mail address _____
22. Business Web site address(es): _____
23. Contact person for business records
- | | | |
|-------|--|---|
| Name | Street address (if different from the address in Item 17, above) | Phone number (Area code, number, and extension) |
| _____ | _____ | _____ |
- Alternate contact
- | | | |
|-------|--|---|
| Name | Street address (if different from the address in Item 17, above) | Phone number (Area code, number, and extension) |
| _____ | _____ | _____ |
24. Name of bank or other financial institution ☐ Business ☐ Personal
25. 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
- _____ _____
26. 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. NAICS code
- | | | | | |
|--|--|---------------------------------------|---|---|
| <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 42) | |
| <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) | _____ |

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

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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

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

ZIP code

T X

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.

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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Page 4

Legal name (Same as Item 2 OR Item 12)

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

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