

S U S A N

C O M B S

Texas Application for Motor Vehicle Seller-Financed Sales Tax Permit

TEXAS COMPTROLLER *of* PUBLIC ACCOUNTS



General Information

Who Must Submit This Application -

You must submit this application if you are a sole owner, partnership, corporation or other organization which intends to finance sales of motor vehicles

Applicants must hold a motor vehicle license issued by the Texas Department of Motor Vehicles.

Applicants should contact the Office of Consumer Credit Commissioner concerning a Motor Vehicle Dealer's Financing license.

For Assistance -

If you have questions about this application or any other tax-related matter, please contact your nearest Texas State Comptroller's office, or call (800) 252-1382 or (512) 463-4600. Our email address is tax.help@cpa.state.tx.us, or see our website at www.window.state.tx.us. Representatives are available to help you with questions, by phone, Monday through Friday (except Federal holidays), from 7:30 a.m. to 5:30 p.m.

General Instructions -

- Please do not separate pages.
- Write only in white areas.
- Completed and signed application should be mailed to:

Comptroller of Public Accounts
111 E. 17th St.
Austin, TX 78774-0100

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.

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 phone numbers listed on this form.

Texas Application for Motor Vehicle Seller-Financed Sales Tax Permit

• Please read instructions. • Type or print. • Do NOT write in shaded areas. Page 1

SOLE OWNER IDENTIFICATION

1. Name of sole owner (first name, middle initial and last name)

2. Social Security number (SSN) _____ Check here if you DO NOT have a SSN.

3. Taxpayer number for reporting any Texas tax OR Texas Identification Number if you now have or have ever had one. _____

NON-SOLE OWNER IDENTIFICATION

--- All sole owners skip to Item 9. ---

4. 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 Corporation (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) _____		

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

6. Taxpayer number for reporting any Texas tax OR Texas Identification Number if you now have or have ever had one. _____

7. Federal Employer Identification Number (FEIN) assigned by the Internal Revenue Service 1 _____ - _____

8. Check here if you do not have an FEIN. 3 _____

BUSINESS INFORMATION

9. Mailing address
 Street number, P.O. Box or rural route and box number

 City _____ State/province _____ ZIP code _____ County (or country, if outside the U.S.) _____

10. Name of person to contact regarding day to day business operations _____ Daytime phone (____) _____ - _____

TAXPAYER INFORMATION

If you are a SOLE OWNER, skip to Item 16.

11. 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. File number _____ month day year _____

12. If the business is a non-Texas profit corporation, nonprofit corporation, professional corporation or limited liability company, enter the state or country of incorporation, charter number and date, Texas Certificate of Authority number and date.
 State/country of inc. _____ Charter number _____ month day year _____ Texas Certificate of Authority number _____ month day year _____

13. If the business is a corporate entity, have you been involved in a merger within the last seven years? YES NO *If "YES," attach a detailed explanation.*

14. If the business is a limited partnership or registered limited liability partnership, enter the home state and registered identification number. State _____ Number _____

15. Enter information for all partners - Attach additional sheets, if necessary.
 *If a general partner is an individual, enter the SSN of the individual.

Name _____ Title _____ Phone (area code and number) (____) _____ - _____

Home address _____ City _____ State _____ ZIP code _____

*SSN or FEIN _____ Date of birth month day year _____ Percent of ownership _____ % Driver license number _____ State _____ 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 or FEIN _____ Date of birth month day year _____ Percent of ownership _____ % Driver license number _____ State _____ County (or country, if outside the U.S.) _____

Position held: Partner Officer Director Corporate stockholder Record keeper

Texas Application for Motor Vehicle Seller-Financed Sales Tax Permit

• Please read instructions. • Type or print. • Do NOT write in shaded areas. Page 2

16. Legal name of owner (same as Item 1)

--- If you purchased an existing business or business assets, complete Items 17-20. If you did not, skip to Item 21. ---

PREVIOUS OWNER INFORMATION

17. Enter the former owner's name. If known, enter the former owner's Texas taxpayer number.

Trade name Taxpayer number of former owner

18. Enter the former owner's legal name. If known, enter the former owner's address and telephone number.

Legal name of former owner Phone (area code and number)

Address of former owner (street and number, city, state, ZIP code)

19. Check each of the following items you purchased.

Inventory Corporate stock Equipment Real estate Other assets

20. Enter the purchase price of the business or assets purchased and the date of purchase.

Purchase price Date of purchase

BUSINESS LOCATION AND INFORMATION

21. Enter the trade name, location and dealer number for all your places of business. (Attach additional sheets, if necessary.)

Trade name of your business Business phone (area code and number)

Location of your business (Use street and number or directions - NOT P.O. Box or rural route number.) Dealer number

City State ZIP code County

Trade name of your business Business phone (area code and number)

Location of your business (Use street and number or directions - NOT P.O. Box or rural route number.) Dealer number

City State ZIP code County

Trade name of your business Business phone (area code and number)

Location of your business (Use street and number or directions - NOT P.O. Box or rural route number.) Dealer number

City State ZIP code County

22. Do you sell diesel-powered, on-road motor vehicles with a gross vehicle registered weight exceeding 14,000 pounds? YES NO

23. Enter the dealer number for your primary location as assigned by the Texas Department of Motor Vehicles

24. Enter the date of the first business operation in Texas subject to the Seller-Financed Motor Vehicle Receipts Tax (The date cannot be prior to Oct. 1, 1993.)

SIGNATURES

The sole owner, all general partners, corporation president, vice-president, secretary or treasurer or an authorized representative must sign this application. Representative must submit a power of attorney with the application. (Attach additional sheets if necessary.)

Date of application

25. 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 or officer Sole owner, partner or officer **sign here** ▶

Type or print name and title of partner or officer Partner or officer **sign here** ▶

Type or print name and title of partner or officer Partner or officer **sign here** ▶

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.