

TEXAS APPLICATION FOR MOTOR VEHICLE SELLER-FINANCED SALES TAX PERMIT



SUSAN COMBS • 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
AND/OR
- you will be responsible for collecting and/or paying seller-financed Motor Vehicle Receipts Tax.

Permit applicants must hold a Motor Vehicle Dealer License issued by the Texas Department of Transportation. Applicants should contact the Office of Consumer Credit Commissioner concerning a Motor Vehicle Dealer's Financing license.

FOR ASSISTANCE -

If you have any questions about this application, filing tax returns or any other tax-related matter, contact the Texas Comptroller's office at (800) 252-1382 or (512) 463-4600.

GENERAL INSTRUCTIONS -

- Please do not separate pages.
- Write only in white areas.
- Complete this application and mail to: COMPTROLLER OF PUBLIC ACCOUNTS
111 E. 17th Street
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 number listed on this form.*

SPECIFIC INSTRUCTIONS

Items 3 & 6 - If you have both a Texas taxpayer number and a Texas Identification Number, enter the Texas Identification Number. *(Use only the first eleven digits of this number.)*

Item 7 - Enter the Federal Employer Identification Number (FEIN) assigned to your business by the Internal Revenue Service.

Item 9 - Enter complete mailing address where you wish to receive mail from the Comptroller of Public Accounts. If you wish to receive mail at a different address for other taxes, attach a letter with other addresses.

Item 15 - **PARTNERSHIP:** Enter information for all partners. If a partner is a corporation, enter the Federal Employer Identification Number (FEIN) of the corporation. If a general partner is an individual, enter the Social Security number.
CORPORATION or OTHER ORGANIZATION: Enter the information for the principal officers (president, vice-president, secretary).

Item 22 - Enter the Motor Vehicle Dealer Number that was assigned by the Texas Department of Transportation for your primary location.

Item 23 - Enter the date you started or plan to start seller-financed transactions in Texas. (The date cannot be prior to October 1, 1993.)

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PLEASE READ INSTRUCTIONS TYPE OR PRINT

DO NOT WRITE IN SHADED AREAS

SOLE OWNER IDENTIFICATION

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

[Blank line for name]

2. Social Security number (SSN)

[SSN input fields]

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.

[Taxpayer number input fields]

NON-SOLE OWNER IDENTIFICATION

--- ALL SOLE OWNERS SKIP TO ITEM 9. ---

4. Business organization type

- Profit Corporation (CT, CF), Nonprofit Corporation (CN, CM), Limited Liability Company (CL, CI), Limited Partnership (PL, PF), Professional Corporation (CP, CU), Other (explain), General Partnership (PB, PI), Professional Corporation (AP, AF), Business Association (AB, AC), Joint Venture (PV, PW), Holding Company (HF), Business Trust (TF), Trust (TR), Real Estate Investment Trust (TH, TI), Joint Stock Company (ST, SF), Estate (ES)

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

[Blank line for legal name]

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

[Taxpayer number input fields]

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

[FEIN input fields]

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

[FEIN input fields]

BUSINESS INFORMATION

9. Mailing address

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

[Blank line for street address]

[City, State/province, ZIP Code, County input fields]

10. Name of person to contact regarding day to day business operations

Daytime phone

[Name and phone input fields]

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 charter number and date.

[Charter number and date input fields]

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, charter number, Texas Certificate of Authority number, and date input fields]

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

[Yes/No and explanation input fields]

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

[State and identification number input fields]

15. General partners, principal members/officers, managing directors or managers (ALL GENERAL PARTNERS MUST BE LISTED - Attach additional sheets, if necessary.)

[Name, Title, Phone input fields for first person]

[Home address, City, State, ZIP Code input fields for first person]

[SSN or FEIN, Date of Birth, Percent of ownership, Driver license number, State, County input fields for first person]

Position held: Partner, Officer, Director, Corporate Stockholder, Record keeper

[Name, Title, Phone input fields for second person]

[Home address, City, State, ZIP Code input fields for second person]

[SSN or FEIN, Date of Birth, Percent of ownership, Driver license number, State, County input fields for second person]

Position held: Partner, Officer, Director, Corporate Stockholder, Record keeper

TAXPAYER INFORMATION

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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.---

SUCCESSOR 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 & number) _____

Address of former owner (Street & 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. Enter the dealer number for your primary location as assigned by the Texas Department of Transportation _____

23. Enter the date of the first business operation in Texas subject to the Seller-financed Motor Vehicle Receipts Tax _____

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 _____

24. 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. _____ **sign here** ▶ Sole owner, partner or officer _____

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

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

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.TexasOnline.com/portal/tol/en/9/1>. You may also want to contact the municipality and county in which you will conduct business to determine any local governmental requirements.