

Texas Nexus Questionnaire

	Texas taxpayer number File number <i>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.</i>
1. Entity name	2. Federal employer identification number (FEIN)
3. Mailing address (if different than above address) Street _____ City _____ State _____ ZIP code _____	
4a. Contact person	4b. Contact phone (Area code and number)
5a. Contact email	5b. Website address

6. Organization Structure

<input type="checkbox"/> Profit corporation (CF)	<input type="checkbox"/> General partnership (PB,PI)	<input type="checkbox"/> Limited partnership (PF)
<input type="checkbox"/> Professional corporation (CU)	<input type="checkbox"/> Professional association (AF)	<input type="checkbox"/> Real estate investment trust (TI)
<input type="checkbox"/> Nonprofit corporation (CM)	<input type="checkbox"/> Business association (AC)	<input type="checkbox"/> Joint venture (PW)
<input type="checkbox"/> Limited liability company (CI)	<input type="checkbox"/> Business trust (TF)	<input type="checkbox"/> Other _____ month day year

7. In what state or country was this entity formed? _____ Formation date _____

8. If this entity is registered with the Texas Secretary of State, please provide the file number. _____

9. Please provide the entity's North American Industry Classification System (NAICS) code. _____
(NAICS codes are available at <https://www.census.gov/eos/www/naics/>)

10a. Please list any tax permits or licenses issued to this entity by the Texas Comptroller.

Type of permit or license	Taxpayer number for permit or license
_____	_____

10b. If included in a combined group Texas Franchise Tax Report, provide the reporting entity's Texas taxpayer number _____

11. Please describe this entity's business activities in Texas: _____

12. Please provide the earliest date this entity had a physical presence in Texas. Examples of physical presence in Texas include but are not limited to the items below. See Rule 3.586 for further details. Check all that apply.

<input type="checkbox"/> Place of Business (maintaining a place of business, manufacturing plant, office, warehouse or retail outlet, owned or leased) <input type="checkbox"/> Real/Personal Property (hold, acquire, lease, install, erect, modify, maintain, repair or dispose of real or personal property used or located in Texas) <input type="checkbox"/> Employees/Independent Representatives (including temporary employees, contractors, agents) <input type="checkbox"/> Inventory/Storing Goods (including consigned goods) <input type="checkbox"/> Provide a Service (through employees, independent contractors, agents or other representatives) <input type="checkbox"/> Holding Company (maintain place of business, manage, direct and/or perform services for subsidiaries or related entities) <input type="checkbox"/> Manufacturing/Shipping	<input type="checkbox"/> Loan Production Activities (solicit sales/loan contracts, gather data, make credit checks or other financial activities in Texas with own employees, independent contractors or agents) <input type="checkbox"/> Delivery/Transportation (facilities, vehicles, employees, or representatives for transportation of passengers or property in Texas, including the service, maintenance, and repair of vehicles or other equipment and coordinating/directing the transportation of passengers or property) <input type="checkbox"/> Perform a Contract (with own employees, local labor or contractors) <input type="checkbox"/> Sell and License Software in Texas <input type="checkbox"/> Franchisor (contracts where a franchisee is granted the right to engage in business under a marketing plan/system substantially prescribed by the franchisor or if franchisee's business is substantially associated with the franchisor's brand service mark or other commercial symbol)	<input type="checkbox"/> Solicitation (promote sales/service using employees, independent contractors, agents or other representatives) <input type="checkbox"/> General Partner (in a general or limited partnership that is doing business in Texas) <input type="checkbox"/> Shows/Sporting Events (staging of or participation in shows, theatrical performances, sporting events) <input type="checkbox"/> Advertising (enter Texas to purchase, place or display advertising for the benefit of another) <input type="checkbox"/> Federal Enclave (doing business in Texas even if the area is leased, owned or controlled by the federal government) <input type="checkbox"/> Warranty Work (with own employees or third party) <input type="checkbox"/> Manage or Operate Business from Texas
--	---	--

Start Date
 month day year

13a. Will the entity exceed \$500,000 in gross receipts from business done in Texas?

☐ Yes ☐ No

13b. If yes, please provide the start date of any federal income tax accounting period in which gross receipts from business done in Texas exceeded \$500,000.

Start Date
month day year

| | | | |

14. If nexus ended, provide the reason and the last date of activity in Texas. Include home state documents if the entity ceased to exist.

Nexus end date
month day year

| | | | |

15. Please complete this information for all members, all general partners and each limited partner with a 10% or more interest in the partnership. (For limited partnerships, general partnerships, joint ventures and joint stock companies.)
(Attach additional sheets if necessary.)

Name	Type of owner <input type="checkbox"/> Member <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner	FEIN	Percentage of ownership %
Mailing address	City	State	ZIP code
Begin date in Partnership			

sign here	Printed name	Title
Name	Type of owner <input type="checkbox"/> Member <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner	FEIN
Mailing address	City	State
ZIP code		Begin date in Partnership

sign here	Printed name	Title
Name	Type of owner <input type="checkbox"/> Member <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner	FEIN
Mailing address	City	State
ZIP code		Begin date in Partnership

sign here	Printed name	Title
------------------	--------------	-------

I declare that the information in this document and any attachment is true and correct to the best of my knowledge and belief.

Print preparer's name	Title	Phone (Area code and number)
-----------------------	-------	------------------------------

sign here	Date
------------------	------

Information about franchise tax is available online at www.comptroller.texas.gov/taxes/franchise/.
For taxpayer assistance, call 800-252-1381 or 512-463-4600.Please return this completed questionnaire to:
Texas Comptroller of Public Accounts
P.O. Box 149348
Austin, TX 78714-9348