

Texas Application for Sales Tax Permit and/or Use Tax Permit



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 numbers listed on this form.

• TYPE OR PRINT

• Do NOT write in shaded areas.

If you are a sole proprietor, start here.
(If you are NOT a sole proprietor, skip to Item 15.)

SOLE PROPRIETORS

10. Legal name of sole proprietor (first, middle initial, last)

11. Social Security number (SSN).....

☐ Check this box if you DO NOT have
a Social Security number (SSN).

12. List any current or past 11-digit Texas Taxpayer Number for reporting
any taxes or fees to the Texas Comptroller of Public Accounts.

13. Have you ever received a Texas vendor or payee
number (Texas Identification Number/TIN)? ☐ YES ☐ NO

If "YES," enter number

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

All applicants continue here.

ALL APPLICANTS

15. Mailing address of **taxpaying entity** - Do not enter your registered agent's mailing address. If you receive mail at a high-rise or apartment building, mall, or commercial mail center, please include the floor, suite, space, room, unit, or postal mailbox number. Mail is not delivered to incomplete addresses.

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.)

16. Daytime phone number (Area code and number)

17. FAX number (Area code and number)

18. Mobile/cellular phone number (Area code and number)

19. Business website address(es)

20. Contact person for business records

Name

Email address

Street address (if different from the address in Item 15)

Phone number (Area code, number and extension)

21. Alternate contact person for business records

Name

Email address

Street address (if different from the address in Item 15)

Phone number (Area code, number and extension)

22. Name of bank or other financial institution (Attach additional sheets, if necessary.)

☐ Business ☐ Personal

23. 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

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Legal name (Same as Item 2 OR Item 10)

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 30.

24. **PLACE OF BUSINESS** name and address - This address is for a physical location operated for the purpose of selling taxable items where sales personnel receive three or more orders for taxable items during the calendar year. **(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 P.O. 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 Items 25 and 26.

25. 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.

26. Within what county is this **PLACE OF BUSINESS**?

27. Is this **PLACE OF BUSINESS** operated from your home? ☐ YES ☐ NO

28. Do you ship or deliver items to cities or counties in Texas other than where you have your place of business? ☐ YES ☐ NO

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

30. Do you maintain a distribution center, warehouse, office or any other physical location where business is conducted in Texas? ☐ YES ☐ NO

If "YES", list the 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

31. Do you have any representative, agent, salesperson, canvasser or solicitor who operates under your authority to conduct business in Texas, including selling, delivering or taking orders for taxable items? ☐ YES ☐ NO

If "YES", 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 address

City

State

ZIP code

32. Do you own, use, sell, lease or rent tangible personal property located in Texas? (This includes storing machinery and equipment.) ☐ YES ☐ NO

33. Do you provide onsite taxable services at customer locations in Texas? ☐ YES ☐ NO

34. Do you sell at temporary locations (fairs, trade shows, etc.) in Texas? ☐ YES ☐ NO

If "YES", list the locations or event names and when you will be at 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, etc.)

35. Do you have a franchisee or licensee operating under your name who is required to collect sales and use taxes in Texas? ☐ YES ☐ NO

36. Do you have a substantial ownership in, or are owned in whole or substantial part, by a person who has a business location in Texas and sells the same or similar line of products under a business name that is similar to your business name? ☐ YES ☐ NO

37. Do you have a substantial ownership in, or are owned in whole or substantial part, by a person who maintains a location in Texas to advertise, promote or facilitate sales, deliveries or returns of your products? ☐ YES ☐ NO

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RELATED INFORMATION

38. Do you have internet or mail order sales? ☐ YES ☐ NO
39. Are you a Marketplace Provider? ☐ YES ☐ NO
40. Will your anticipated monthly taxable sales exceed \$8,000 per month? ☐ YES ☐ NO
41. Will you sell alcoholic beverages? ☐ YES ☐ NO
 If "YES", which permit will you hold? ☐ MIXED BEVERAGE ☐ BEER AND WINE
42. Is this permit for a winery located outside of Texas that will ship wine to consumers in Texas? ☐ YES ☐ NO
 If "YES," **you must obtain an Out-of-State Winery Direct Shipper's Permit from the Texas Alcoholic Beverage Commission.** (See instructions.)
 Enter the Texas Alcoholic Beverage Commission license number(s) for this address. _____
43. Will you sell memberships to a health spa? ☐ YES ☐ NO
 If "YES," **you must attach a copy of your Health Spa certificate of registration issued by the Texas Secretary of State.**
44. Will you sell electronic cigarettes or any other device that simulates smoking by using a mechanical heating element, battery or electronic circuit to deliver nicotine or other substances to the individual inhaling from the device? ☐ YES ☐ NO
- 44a. If "YES," are you planning to sell electronic cigarettes over the internet, by mail order or by telephone? ☐ YES ☐ NO
- 44b. If "YES" in 44a above, enter your email address or URL _____
45. Will you sell fireworks? ☐ YES ☐ NO
46. If you have answered "NO" to questions 30-37, 39 and 43, do you elect to use the optional Single Local Tax (SLT) rate? ☐ YES ☐ NO
47. Enter the date that you will begin making sales?

Month	Day	Year
48. Will you operate this business all year? ☐ YES ☐ NO
 If "NO," list the months you will operate _____
49. Enter your North American Industry Classification System (NAICS) code. (See specific instructions.)

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 If you don't know your NAICS code, indicate your principal type of business.

<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 38.)	
<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) _____	

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

50. Will you be required to report interest earned on sales tax? (See specific instructions.) ☐ YES ☐ NO
51. Will you sell, lease or rent off-road, heavy-duty (50 horsepower or more) diesel-powered equipment? ☐ YES ☐ NO

911 FEES

52. If you will be providing telecommunications services, indicate the 9-1-1 emergency communications fees you collect under Health & Safety Code, Chapter 771.
☐ 9-1-1 Wireless Emergency Service Fee (91) ☐ 9-1-1 Emergency Service Fee (92) ☐ 9-1-1 Equalization Surcharge (93)
53. Will you sell prepaid wireless telecommunications services? ☐ YES ☐ NO

PREVIOUS OWNER

- If you purchased an existing business or business assets, complete Item 54; if not, skip to Item 55.**
54. Previous owner's trade name (DBA name) _____ Previous owner's Texas taxpayer number (if available) _____
- Previous owner's legal name, address and phone number, if available
- | | | |
|----------------|-------|------------------------------|
| Name | Title | Phone (Area code and number) |
| _____ | _____ | _____-_____-_____ |
| Street address | City | State ZIP code |
| _____ | _____ | ____-____ |
- Check each of the following items you purchased. ☐ Inventory ☐ Corporate stock ☐ Equipment ☐ Real estate ☐ Other assets
- Purchase price of this business or assets and the date of purchase
- | | |
|-------------------------|------------------------|
| Purchase price \$ _____ | Date of purchase _____ |
|-------------------------|------------------------|

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APPLICANTS MUST BE AT LEAST 18 YEARS OLD. Parents or legal guardians can obtain a sales tax permit on behalf of a minor.

55. The sole owner, ALL general partners, managing members, officers, directors or an authorized representative must sign. The 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 owner, partner, officer, director or member

Sole owner, partner, officer, director or member

Driver license number/state

Are you at least 18 yrs of age or older?

☐ YES ☐ NO

sign here

Type or print name and title of partner, officer, director or member

Partner, officer, director or member

Driver license number/state

Are you at least 18 yrs of age or older?

☐ YES ☐ NO

sign here

Type or print name and title of partner, officer, director or member

Partner, officer, director or member

Driver license number/state

Are you at least 18 yrs of age or older?

☐ YES ☐ NO

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 <https://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.

You can submit your completed application by mail, email or fax:

Mail: Comptroller of Public Accounts Email: sales.applications@cpa.texas.gov
 111 E. 17th St. Fax: 512-936-0010
 Austin, TX 78774-0100

You will receive your permit approximately four weeks after we receive your completed and signed application. Incomplete applications will delay the process.

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.

ASSUMPTION OF RISK FOR DISCLOSURE OF PERSONAL IDENTIFIABLE INFORMATION — While 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, **your signature on this form affirms** you understand and assume the risk of sending your personal identifiable information via unsecure methods, including unencrypted email and/or fax. You are not required to send your form via email or fax. You may submit your form via mail or the online system provided by CPA for more security.

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.