



Texas Sales/Use Tax Permit Interview Form

Date: _____

1. Legal Name of corporation, partnership, limited liability company or sole proprietorship:

2. Entity Type (Corp., LLP, LLC, Sole Proprietorship, Non-Profit Organization):

3. Federal Employment Identification Number (FEIN): | ___ - ____ | 4. Check if you do not have an FEIN (assigned by the Internal Revenue Service for reporting federal income taxes)

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 Texas vendor or payee number (Texas Identification Number/ TIN)? YES NO
If yes, enter number | _____ |

7. Enter you home state or country where this entity was formed and the formation date: _____; __/__/____
Enter the home state registration/file number: | _____ |

Non-Texas entities: enter the file number if registered with the Texas Secretary of State: | _____ |

8. If the business is a corporation, has it been involved in a merger within the last seven years? YES NO

9. Please list all general partners, officers or managing members:

GENERAL PARTNER/OFFICER/MANAGING MEMBER 1				
NAME (Enter the name of either an individual or an organization, but not both.)				
IF INDIVIDUAL				
<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>	
OR				
IF ORGANIZATION				
<i>Organization Name</i>				
ADDRESS				
<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Country</i>	<i>Zip Code</i>

GENERAL PARTNER/OFFICER/MANAGING MEMBER 2				
NAME (Enter the name of either an individual or an organization, but not both.)				
IF INDIVIDUAL				
<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>	
OR				
IF ORGANIZATION				
<i>Organization Name</i>				
ADDRESS				
<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Country</i>	<i>Zip Code</i>

GENERAL PARTNER/OFFICER/MANAGING MEMBER 3				
NAME (Enter the name of either an individual or an organization, but not both.)				
IF INDIVIDUAL				
First Name		M.I.	Last Name	Suffix
OR				
IF ORGANIZATION				
Organization Name				
ADDRESS				
Street or Mailing Address		City	State	Country
				Zip Code

If you are a sole proprietor, start here:

10. Legal name of sole proprietor: _____
First name M.I. Last Name
11. Social Security Number (SSN): | _____ - _____ - _____ |

All applicants continue here:

12. Mailing address of taxing entity—This address is for an individual or the party responsible for making decisions regarding address changes and banking changes and who is responsible for overall account management and account security. Please provide complete address including suite, apartment or personal mailbox number. Indicate whether the address is on a street, parkway, drive, etc., and whether there is a directional indicator (e.g. North Parkway Blvd.)

_____, _____
Street number and name Suite/Apt #

_____, _____, _____
City State Zip Code County (or Country if outside of the U.S.)

13. Daytime phone number (Area code and number): | _____ - _____ - _____ |
14. Fax number (Area code and number): | _____ - _____ - _____ |
15. Mobile/cellular phone number (Area code and number): | _____ - _____ - _____ |
16. Business website address(es): | _____ |
17. Contact person for business records:

_____; _____
First name M.I. Last Name Email address

_____; | _____ - _____ - _____ ext. _____ |
Street address (if different from address in item 12) Phone number (Area code, number and extension)

18. Name of bank or financial institution: _____ Business Personal
19. If you will be accepting payments by credit card and/or through an online payment processing company, enter the name of the processor: _____
20. Merchant identification number (MID) assigned by processor: | _____ |

Complete the following information about each PLACE OF BUSINESS in Texas (This information is specific to the physical location where business is conducted):

21. Business name (DBA): _____
22. _____
Street address (include St., Ave., Ct., etc.) or rural route and box number (Do not use P.O. box)
23. _____, _____, _____ | _____ - _____ - _____ |
City State Zip Code Business location phone number

Related Information— Continued from previous page.

46. 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.

Name (first, middle initial, last)

_____, **TX** _____
Street address City Zip code

If you purchased an existing business or business assets, complete the following:

47. Previous owner's trade name (DBA): _____
| _____ | ; _____
Previous owner's TIN Previous owner's legal name and address

Check for each of the following items that 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* | ____ / ____ / _____ |

48. 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.

I (We) declare that the information in provided in this document 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 Date of birth
| _____ / ____ | | ____ / ____ / _____ |

Sign Here ▶ _____

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 Date of birth
| _____ / ____ | | ____ / ____ / _____ |

Sign Here ▶ _____

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 Date of birth
| _____ / ____ | | ____ / ____ / _____ |

Sign Here ▶ _____