Comptroller of Public Accounts FORM AP-152
(Rev.2-09/12)

TEXAS APPLICATION FOR PAYEE IDENTIFICATION NUMBER

• *Shaded areas for state agency use only*   • *See instructions on back*

For Comptroller's use only

1. Is this a new account?   ☐ YES   Mail Code 000   ☐ NO   Enter Mail Code ⌊_⌊_⌊_⌋   Agency number ⌊_⌊_⌊_⌋
Complete Sections I - V   Complete Sections I, II & V

SECTION I

2. PAYEE IDENTIFICATION NUMBER (PIN) - Indicate the type of number you are providing to be used for your PIN

☐ **1** - Federal Employer Identification Number (FEIN)
☐ **2** - Social Security number (SSN)   Enter the number indicated ☐ ⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌋ ☐
☐ **3** - Comptroller's assigned number

3. Are you currently reporting any Texas tax to the Comptroller's office other than unemployment (e.g., sales tax, franchise tax)?

☐ YES   ☐ NO   If "YES," enter Texas Taxpayer Number .... ⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌋

SECTION II

PAYEE INFORMATION *(Please type or print)*

4. Name of payee (Individual or business to be paid)
_____

5. Mailing address where you want to receive payments
_____

6. *(Optional)*
_____

7. *(Optional)*
_____

8. *(Optional)*
_____

9. City _____ State ⌊_⌊_⌋ ZIP Code ⌊_⌊_⌊_⌊_⌋—⌊_⌊_⌊_⌊_⌋

10. Payee telephone number (⌊___⌋) ⌊_⌊_⌊_⌋ — ⌊_⌊_⌊_⌊_⌋   SIC code ⌊_⌊_⌊_⌊_⌋   Security type code ⌊_⌊_⌋ (**0, 1, 2**)   Zone code ⌊_⌊_⌊_⌋
(Area code and number)

SECTION III

11. OWNERSHIP CODES - Check only on code by the appropriate ownership type that applies to you or your business.

☐ **I** - Individual Recipient (not owning a business)

☐ **E** - State Employee: If checked,
enter employing agency number ....⌊_⌊_⌊_⌋

☐ **S** - Sole Ownership (Individual owning a business): If checked,
enter the owner's name and Social Security number (SSN)

Owner's name _____

SSN .... ⌊2⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌋

☐ **P** - Partnership: If checked, enter two partner's names and
Social Security numbers (SSN). If a partner is a corporation,
use the corporation's Federal Employer Identification
Number (FEIN).

Name _____

SSN/FEIN .... ⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌋

Name _____

SSN/FEIN .... ⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌋

☐ **N** - Other: If checked, explain. _____

☐ **L** - Texas Limited Partnership:
If checked, enter the
Texas File Number ⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌋

☐ **T** - Texas Corporation:
If checked, enter the
Texas Charter Number ⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌋

☐ **A** - Professional Association:
If checked, enter the
Texas Charter Number ⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌋

☐ **C** - Professional Corporation:
If checked, enter the
Texas Charter Number ⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌋

☐ **O** - Out-of-State Corporation

☐ **G** - Governmental Entity

☐ **U** - State agency / University

☐ **F** - Financial Institution

☐ **R** - Foreign (out of U.S.A.)

SECTION IV

12. Payment Assignment? ☐ YES   ☐ NO   *Note: A copy of the assignment agreement between payees must be attached.*

Assignee name _____

Assignee PIN ⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌋   Assignment date ⌊_⌊_⌊_⌊_⌊_⌊_⌋

SECTION V

13. Comments _____

14. **sign here ▶** Authorized signature *(Applicant or authorized agent)* _____   Date _____

15. Agency name _____   Prepared by _____   Phone *(Area code and number)* _____

TEXAS APPLICATION FOR PAYEE IDENTIFICATION NUMBER

SUSAN COMBS • TEXAS COMPTROLLER OF PUBLIC ACCOUNTS
Statewide Fiscal Services
Austin, Texas 78774-0100

WHO MUST SUBMIT THIS APPLICATION -

This application must be submitted by every person (sole owner, individual recipient, partnership, corporation or other organization) who intends to bill agencies of the state government for goods, services provided, refunds, public assistance, etc. The Payee Identification Number (PIN) will be required on all maintenance submitted by state agencies. The use of this number on all billings will reduce the time required to process billings to the State of Texas.

> ***NOTE:*** ***To expedite processing of this application, please return the completed application to the state agency with which you are conducting business. It is not necessary for the payee to sign or complete this form. The state agency representative may complete the form for the payee.***

FOR ASSISTANCE -

For assistance in completing this application, please call the State Comptroller's office at (800) 531-5441, ext. 3-3660, toll free nation-wide. The Austin number is (512) 463-3660.

> ***NOTICE TO STATE AGENCIES -***
>
> *When this form is used to set up additional mail codes, Sections I, II and V must be completed. State agencies may refer to the Texas Identification Number System (TINS) Guide for additional information.*

GENERAL INSTRUCTIONS -

- Please write only in white areas. (Shaded areas are for state agency use only.)
- Do not use dashes when entering Social Security, Federal Employer Identification or Comptroller's assigned numbers.
- Disclosure of your Social Security number is required. This disclosure requirement has been adopted under the Federal Privacy Act of 1974 (5 U.S.C.A. sec. 552a(note)(West 1977), the Tax Reform Act of 1976 (42 U.S.C.A. sec. 405(c)(2)(C) (West 1992), and TEX. GOV'T. CODE ANN. sec. 403.055 (Vernon Supp. 1992). Your Social Security Number will be used to help the Comptroller of Public Accounts administer the state's tax laws and for other purposes. See Op Tex. Att'y Gen. No. H-1255(1978).

SPECIFIC INSTRUCTIONS -

SECTION I - PAYEE IDENTIFICATION NUMBER
> Enter a nine-digit Federal Employer Identification Number (FEIN) issued by the Internal Revenue Service if the business is a partnership or corporation, etc. Enter a nine-digit Social Security number or the nine-digit Federal Employer Identification Number (FEIN) issued by the Internal Revenue Service if a sole owner. Enter the nine-digit Social Security Number if an individual recipient. The Comptroller's assigned number is a number issued by the Texas Comptroller's office for specialized usage. Please enter only ONE of these numbers and check the type of number entered. If known, enter the Texas Taxpayer Number in Item 3.

SECTION II - PAYEE INFORMATION
> Items 4 through 8 - Enter the complete name and mailing address where you want payments to be received. Names of individuals must be entered first name first. Each line cannot exceed 50 characters including spaces. If the name is more than 50 characters, continue the name in Item 5 and begin the address in Item 6.
> Item 9 - Enter the city, state and ZIP Code.
> Item 10 - Enter payee telephone number.

SECTION III - OWNERSHIP CODES
> Item 11 - Check the box next to the appropriate ownership code and enter additional information as requested. Please check only one box in this section. The Secretary of State's office may be contacted at (512) 463-5555 for information regarding Texas charter or file numbers.

SECTION IV - PAYMENT ASSIGNMENT
> Item 12 - Use when one payee is assigning payment to another payee. When setting up an assignment payment, fill out this section completely and include the assignment agreement between the assignee and the assignor.

SECTION V - COMMENTS AND IDENTIFICATION
> Item 13 - Enter any additional information that may be helpful in processing this applicatiion. Items 14 and 15 are for identification purposes. Always complete the identification section, including comments and authorized signature.

Under Ch. 559, Government Code, you are entitled to review, request and correct information we have on file about you, with limited exceptions in accordance with Ch. 552, Government Code. To request information for review or to request error correction, contact us at the address or toll-free number listed on this form.