

TEXAS NEXUS QUESTIONNAIRE

for corporations, limited liability companies, partnerships, associations, trusts, joint ventures, holding companies, joint stock companies and railroad companies

| | |
|--|---|
| | 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 toll-free number listed on this form.</i> |
| 1. Entity name | 2. Federal employer identification number (FEIN) |
| 3. Mailing address (if different than above address) | |
| City | State |
| ZIP code | |
| 4. Contact person | 5. Contact phone (Area code and number) |

6. Entity type

| | | |
|---|--|---|
| <input type="checkbox"/> Profit corporation (CF) | <input type="checkbox"/> General partnership (PB,PI) | <input type="checkbox"/> Joint venture (PW) |
| <input type="checkbox"/> Professional corporation (CU) | <input type="checkbox"/> Professional association (AF) | <input type="checkbox"/> Joint stock company (SF) |
| <input type="checkbox"/> Nonprofit corporation (CM) | <input type="checkbox"/> Business association (AC) | <input type="checkbox"/> Holding company (HF) |
| <input type="checkbox"/> Limited liability company (CL) | <input type="checkbox"/> Business trust (TF) | <input type="checkbox"/> Railroad company (CX) |
| <input type="checkbox"/> Limited partnership (PF) | <input type="checkbox"/> Real estate investment trust (TI) | <input type="checkbox"/> Other _____ <small style="margin-left: 150px;">month day year</small> |

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 www.census.gov/epcd/www/naics.html)

10. 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 |
| _____ | _____ |
| _____ | _____ |

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: _____

12. Please check the items pertaining to this entity in Texas during the last seven years.

| | START DATE |
|--|-------------------------------------|
| | <small>month day year</small> |
| <input type="checkbox"/> Place of business <i>(maintaining a place of business, manufacturing plant, office, warehouse or retail outlet, owned or leased)</i> | _____ |
| <input type="checkbox"/> Performance of a contract <i>(with own employees, local labor or contractors)</i> | _____ |
| <input type="checkbox"/> Delivering <i>(items sold and delivered into Texas in company vehicles)</i> | _____ |
| <input type="checkbox"/> Warranty work <i>(with own employees or third party)</i> | _____ |
| <input type="checkbox"/> Real property in Texas <i>(hold, acquire, lease or dispose of)</i> | _____ |
| <input type="checkbox"/> Personal property <i>(hold, acquire, lease, install, erect, modify, maintain, repair or dispose of personal property used or located in Texas)</i> | _____ |
| <input type="checkbox"/> General partner <i>(in a general or limited partnership that is doing business in Texas)</i> | _____ |
| <input type="checkbox"/> Shows <i>(staging of or participation in shows, theatrical performances, sporting events or other events in Texas)</i> | _____ |

(continued on back)

12. Please check the items pertaining to this entity in Texas during the last seven years. *(continued)*

| | START DATE |
|--|----------------|
| | month day year |
| <input type="checkbox"/> Inventory <i>(including consigned goods)</i> | _____ |
| <input type="checkbox"/> Loan production activities <i>(solicit sales/loan contracts, gather data, make credit checks or other financial activities in Texas with own employees, independent contractors or agents)</i> | _____ |
| <input type="checkbox"/> Solicitation <i>(promote sales/service using employees, independent contractors, agents or other representatives)</i> | _____ |
| <input type="checkbox"/> Employees/independent representatives <i>(including temporary employees, contractors, agents)</i> | _____ |
| <input type="checkbox"/> Sell and license software in Texas | _____ |
| <input type="checkbox"/> Processing, manufacturing, storing goods | _____ |
| <input type="checkbox"/> Processing and shipment <i>(send materials to Texas manufacturer, processor, repairer or printer to be processed, stored in completed form, awaiting orders for shipment)</i> | _____ |
| <input type="checkbox"/> Advertising <i>(enter Texas to purchase, place or display advertising for the benefit of another)</i> | _____ |
| <input type="checkbox"/> Provide a service <i>(through employees, independent contractors, agents or other representatives)</i> | _____ |
| <input type="checkbox"/> Federal enclave <i>(doing business in Texas even if the area is leased, owned or controlled by the federal government)</i> | _____ |
| <input type="checkbox"/> Holding company <i>(maintain place of business, manage, direct and/or perform services for subsidiaries or related entities)</i> | _____ |
| <input type="checkbox"/> Transportation <i>(carry passengers or property where the pickup and delivery is in Texas; have Texas facilities, employees or other representatives for storage, delivery, shipping of goods; servicing, maintaining, repairing vehicles or other equipment; coordinating/directing the transportation of passengers or property)</i> | _____ |
| <input type="checkbox"/> Franchisors <i>(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)</i> | _____ |

13. Please provide a full description of the entity's activities in Texas. If the entity no longer has nexus in Texas, enter the end date of the entity's activities in Texas and provide the reason why this entity does not have Texas franchise tax responsibility.

Nexus end date
month day year

14. 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 | 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 | Percentage of ownership % |
| 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.window.state.tx.us/taxinfo/franchise/ . For taxpayer assistance, call (800) 252-1381, toll free nationwide. The local number in Austin is (512) 463-4600. Our e-mail address is tax.help@cpa.state.tx.us . | | Please return this completed questionnaire to: Texas Comptroller of Public Accounts P.O. Box 149348 Austin, TX 78714-9348 |