

TEXAS APPLICATION FOR PREPAID LIQUEFIED GAS TAX DECAL



SUSAN COMBS • TEXAS COMPTROLLER OF PUBLIC ACCOUNTS

GENERAL INFORMATION

WHO MUST SUBMIT THIS APPLICATION – You must submit this application if:

- you are a sole owner, partnership, corporation or other organization which intends to do business in Texas **and / or**
- you will be responsible for prepaying liquefied gas tax.

DEFINITIONS –

LIQUEFIED GAS – means all combustible gases that exist in the gaseous state at 60 degrees Fahrenheit and at a pressure of 14.7 pounds per square inch absolute, but does not include gasoline or diesel fuel. Liquefied gas includes propane (LPG), compressed natural gas (CNG), liquefied natural gas (LNG), or a mixture of those gases.

MOTOR VEHICLE DEALERS LIQUEFIED GAS DECAL – A motor vehicle dealer holding a valid registration under TEX. REV. CIV. STAT. ANN. art. 6686 may obtain a decal for **each** liquefied gas-powered motor vehicle held for sale or resale and pay the tax per gallon to a licensed liquefied gas dealer on **each** delivery of liquefied gas into the fuel supply tank of the motor vehicle.

LIQUEFIED GAS TAX DECAL – a user of liquefied gas, including a motor vehicle equipped to use liquefied gas interchangeably with another motor fuel, for propulsion of a motor vehicle on the public highways of Texas shall pay in advance annually on each motor vehicle owned, operated and licensed in Texas, a tax based on the registered gross weight and miles driven the previous year. **Attach the Texas Request/Payment for Prepaid Liquefied Gas Decal (Form 06-215) and payment.**

GENERAL INSTRUCTIONS –

- Please do not separate pages.
- Do not write in shaded areas.
- Do not use dashes when entering Social Security, Federal Employer's Identification (FEI), Texas Taxpayer or Texas Vendor Identification Numbers.
- Complete this application and mail to:

COMPTROLLER OF PUBLIC ACCOUNTS
111 E. 17th Street
Austin, Texas 78774-0100

FOR ASSISTANCE - If you have any questions about this application, filing tax returns or any other tax-related matter, contact the Texas State Comptroller's office at 1-800-252-1383 toll free nationwide, or call 512/463-4600.

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.

You have certain rights under Ch. 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.

SPECIFIC INSTRUCTIONS

- Item 1 -** SOLE OWNER - Enter first name, middle initial and last name.
PARTNERSHIP - Enter the legal name of the partnership.
CORPORATION - Enter the legal name exactly as it is registered with the Texas Secretary of State.
OTHER ORGANIZATION - Enter the title of the organization.
- Item 2 -** Enter the complete mailing address where you want to receive mail from the Comptroller of Public Accounts.
NOTE: If you want to receive mail for other taxes at a different address, attach a letter with the other address(es).
- Item 7 -** If you have both a Texas Taxpayer Number and a Texas Vendor Identification Number, enter only the first eleven digits of the Vendor Identification Number.
- Item 8 -** If you check "other," identify the type of organization. Examples: Social club, independent school district, family trust.
NOTE: Please submit a copy of trust agreement with this application.
- Item 12 -** PARTNERSHIP - Enter the information for ALL partners. If a partner is a corporation, enter the Federal Employer's Identification (FEI) Number of the corporation.
CORPORATION OR OTHER ORGANIZATION - Enter the information for the principal officers (president, vice-president, secretary, treasurer).

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Please read instructions

• TYPE OR PRINT

• Do not write in shaded areas

TAXPAYER IDENTIFICATION	1. Legal name of owner (Sole owner, partnership, corporation or other name)			For Comptroller use only MISCAPP <input type="checkbox"/> ■ 00991 Tax type <input checked="" type="checkbox"/> 2 0 Reference number		
	2. Mailing address (Street & number, P.O. box or rural route and box number)					
	City		State	ZIP code	County	
	3. Enter a daytime phone number (Area code and number)					
	4. Enter your Social Security Number if you are a sole owner			2		
5. Enter your Federal Employer's Identification (FEI) Number, if any, assigned by the United States Internal Revenue Service			1			
			3			
OWNERSHIP	6. Are you a subsidiary or division of another company?					<input type="checkbox"/> YES <input type="checkbox"/> NO If "YES," enter their FEI number
	7. Do you now have a Taxpayer number for reporting any Texas tax OR a Texas Vendor Identification Number? ..					<input type="checkbox"/> YES <input type="checkbox"/> NO If "YES," enter number
	8. Indicate how your business is owned.					<input type="checkbox"/> 1 - Sole owner <input type="checkbox"/> 2 - Partnership <input type="checkbox"/> 3 - Texas corporation <input type="checkbox"/> 6 - Foreign corporation <input type="checkbox"/> 7 - Limited partnership <input type="checkbox"/> 4 - Other (explain)
	9. If your business is a Texas corporation, enter the charter number and date			Charter number	Charter date	
	10. If your business is a foreign corporation, enter home state, charter number, Texas Certificate of Authority number and date.					
	Home state		Charter number	Texas Cert. of Auth. No.	Texas Cert. of Auth. date	
11. If your business is a limited partnership, Home state enter the home state and identification number			Identification number			
PROPRIETORS	If you are a sole owner, skip Item 12.					
	12. Identification of owners: all general partners or principal corporation officers.					
	(Attach additional sheets if necessary.)					
	Name (First, middle initial, last)		Social Security or Federal Employer's Identification (FEI) no.		Title	
	Home address (Street & number, city, state, ZIP code)				Phone (Area code & number)	
	Name (First, middle initial, last)		Social Security or Federal Employer's Identification (FEI) no.		Title	
	Home address (Street & number, city, state, ZIP code)				Phone (Area code & number)	
	Name (First, middle initial, last)		Social Security or Federal Employer's Identification (FEI) no.		Title	
	Home address (Street & number, city, state, ZIP code)				Phone (Area code & number)	
	Name (First, middle initial, last)		Social Security or Federal Employer's Identification (FEI) no.		Title	
	Home address (Street & number, city, state, ZIP code)				Phone (Area code & number)	

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13. Legal name of owner (Sole owner, partnership, corporation or other name)

PERMIT INFORMATION

14. Check the specific type of decal you are applying for:

Prepaid Decal (Form 06-215 and payment must be attached.)

Tax decal for compressed natural gas (CNG)

Tax decal for propane (LPG)

Tax decal for liquefied natural gas (LNG)

Tax decal for motor vehicle dealers (Texas dealer number)

month day year

15. Enter the date the liquefied gas system vehicle was placed in operation

SIGNATURES

The sole owner, all general partners, corporation president, vice-president, secretary, treasurer or an authorized representative must sign this application. Representative must submit a written power of attorney with application.
 (Attach additional sheets if necessary.)

Date of application

month day year

16. 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 or officer

Sole owner, partner or officer

sign here

Type or print name and title of partner or officer

Partner or officer

sign here

Type or print name and title of partner or officer

Partner or officer

sign here

Field office number

E.O. name

ACID

Date