
TEXAS MOTOR VEHICLE RENTAL TAX APPLICATION



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 rent motor vehicles in Texas, AND/OR
- you will be responsible for collecting and/or paying Motor Vehicle Gross Rental Tax.

FOR ASSISTANCE -

If you have any questions about this application, filing tax returns or any other tax-related matter, contact the Texas Comptroller's Office at 1-800-252-1382 toll free nationwide, or call 512/463-4600.

Complete this application and mail to:
Comptroller of Public Accounts
111 E. 17th Street
Austin, Texas 78774-0100

GENERAL INSTRUCTIONS -

- Write only in white areas.
- Do not use dashes when entering Social Security, Federal Employer's Identification (FEI), Texas Taxpayer or Texas Vendor Identification Numbers.
- 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.

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.

SPECIFIC INSTRUCTIONS

- Item 1 -** SOLE OWNER - Enter first name, middle initial and last name.
PARTNERSHIP - Enter the legal name of partnership.
CORPORATION - Enter the legal name exactly as it is registered with the 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 other address(es).
- Item 5 -** Enter the Federal Employer's Identification (FEI) number assigned to your business by the United States Internal Revenue Service.
- 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.
- 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 and secretary).
- Item 20 -** Indicate your principal type of business.
- Item 21 -** Enter your motor vehicle dealership number that was assigned by the Department of Transportation.
- Item 22 -** Enter the date you started, or plan to start, renting motor vehicles in Texas.

TEXAS MOTOR VEHICLE RENTAL TAX APPLICATION

• PLEASE READ INSTRUCTIONS

• TYPE OR PRINT

• DO NOT WRITE IN SHADED AREAS

TAXPAYER IDENTIFICATION	<p>1. Legal name of owner <i>(Sole owner, partnership, corporation or other name)</i></p> <input style="width:95%; height:20px;" type="text"/>	OWNERSHIP	<p>For Comptroller's Use Only FALCON Only</p> <p>Master name change <input type="checkbox"/> • 01170 <input type="checkbox"/> 0 - Send <input type="checkbox"/> 1 - Do not send</p> <p>Master account set-up <input type="checkbox"/> • 01100</p> <p>Master mailing address change <input type="checkbox"/> • 01180</p> <p>County code <input style="width:40px;" type="text"/></p> <p>Ownership type <input style="width:40px;" type="text"/> 0000</p> <p>Master phone number add/change <input type="checkbox"/> • 01185</p> <p>Secondary mailing address set-up <input type="checkbox"/> • 02720</p> <p>Secondary mailing address change <input type="checkbox"/> • 02721</p> <p>Secondary mailing address delete <input type="checkbox"/> • 02722</p> <p>Tax type <input style="width:40px;" type="text"/> 0 1 5</p> <p>County code <input style="width:40px;" type="text"/></p> <p>Partnership set-up <input type="checkbox"/> • 01140</p> <p>OE NR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>																																		
	<p>2. Mailing address <i>(Street & no., P.O. Box or rural route and box no.)</i></p> <input style="width:95%; height:20px;" type="text"/> City <input style="width:25%; border:none;" type="text"/> State <input style="width:10%; border:none;" type="text"/> ZIP code <input style="width:20%; border:none;" type="text"/> County <input style="width:15%; border:none;" type="text"/>																																				
	<p>3. If you are a sole owner, enter your home address <i>(Street & no., city, state, ZIP code)</i> if it is different than above.</p> <input style="width:95%; height:20px;" type="text"/>																																				
	<p>3a. Enter the daytime phone number of the person primarily responsible for filing tax returns. -----</p> Area code <input style="width:10%; border:none;" type="text"/> Number <input style="width:60%; border:none;" type="text"/>																																				
	<p>4. Enter your Social Security Number if you are a sole owner. -----</p> 2 <input style="width:60%; border:none;" type="text"/>																																				
	<p>5. Enter your Federal Employer's Identification (FEI) Number, if any. -----</p> 1 <input style="width:60%; border:none;" type="text"/> 3 <input style="width:60%; border:none;" type="text"/>																																				
	<p>6. If you are incorporating an existing business, enter the taxpayer number of the existing business. -----</p> <input style="width:60%; border:none;" type="text"/>																																				
	<p>7. Enter your taxpayer number for reporting any Texas tax OR your Texas Vendor Identification Number if you now have or have ever had one.</p> <input style="width:60%; border:none;" type="text"/>																																				
	<p>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"/> 7 - Limited partnership <input type="checkbox"/> 6 - Foreign corporation <input type="checkbox"/> 4 - Other (explain) <input style="width:150px;" type="text"/></p>																																				
	<p>9. If your business is a Texas corporation, enter the charter number and date. -----</p> Charter Number <input style="width:150px;" type="text"/> Charter date <input style="width:150px;" type="text"/>																																				
<p>10. If your business is a foreign corporation, enter home state, charter number, Texas Certificate of Authority Number & date.</p> Home state <input style="width:100px;" type="text"/> Charter number <input style="width:100px;" type="text"/> Texas Cert. of Auth. No. <input style="width:100px;" type="text"/> Texas Cert. of Auth. date <input style="width:100px;" type="text"/>																																					
<p>11. If your business is a limited partnership, enter the home state and identification number -----</p> Home state <input style="width:100px;" type="text"/> Identification number <input style="width:100px;" type="text"/>																																					
PROPRIETORS	<p>12. List all general partners or principal officers of your business. If you are a sole owner, skip Item 12.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%;">Name <i>(First, middle initial, last)</i></td> <td style="width:35%;">Social Security Number</td> <td style="width:30%;">Title</td> </tr> <tr> <td><input style="width:95%; height:20px;" type="text"/></td> <td><input style="width:60%; border:none;" type="text"/></td> <td><input style="width:60%; border:none;" type="text"/></td> </tr> <tr> <td colspan="2">Home address <i>(Street & no., city, state, ZIP code)</i></td> <td>Phone <i>(Area code & no.)</i></td> </tr> <tr> <td colspan="2"><input style="width:95%; height:20px;" type="text"/></td> <td><input style="width:60%; border:none;" type="text"/></td> </tr> <tr> <td>Name <i>(First, middle initial, last)</i></td> <td>Social Security Number</td> <td>Title</td> </tr> <tr> <td><input style="width:95%; height:20px;" type="text"/></td> <td><input style="width:60%; border:none;" type="text"/></td> <td><input style="width:60%; border:none;" type="text"/></td> </tr> <tr> <td colspan="2">Home address <i>(Street & no., city, state, ZIP code)</i></td> <td>Phone <i>(Area code & no.)</i></td> </tr> <tr> <td colspan="2"><input style="width:95%; height:20px;" type="text"/></td> <td><input style="width:60%; border:none;" type="text"/></td> </tr> <tr> <td>Name <i>(First, middle initial, last)</i></td> <td>Social Security Number</td> <td>Title</td> </tr> <tr> <td><input style="width:95%; height:20px;" type="text"/></td> <td><input style="width:60%; border:none;" type="text"/></td> <td><input style="width:60%; border:none;" type="text"/></td> </tr> <tr> <td colspan="2">Home address <i>(Street & no., city, state, ZIP code)</i></td> <td>Phone <i>(Area code & no.)</i></td> </tr> <tr> <td colspan="2"><input style="width:95%; height:20px;" type="text"/></td> <td><input style="width:60%; border:none;" type="text"/></td> </tr> </table>	Name <i>(First, middle initial, last)</i>	Social Security Number	Title	<input style="width:95%; height:20px;" type="text"/>	<input style="width:60%; border:none;" type="text"/>	<input style="width:60%; border:none;" type="text"/>	Home address <i>(Street & no., city, state, ZIP code)</i>		Phone <i>(Area code & no.)</i>	<input style="width:95%; height:20px;" type="text"/>		<input style="width:60%; border:none;" type="text"/>	Name <i>(First, middle initial, last)</i>	Social Security Number	Title	<input style="width:95%; height:20px;" type="text"/>	<input style="width:60%; border:none;" type="text"/>	<input style="width:60%; border:none;" type="text"/>	Home address <i>(Street & no., city, state, ZIP code)</i>		Phone <i>(Area code & no.)</i>	<input style="width:95%; height:20px;" type="text"/>		<input style="width:60%; border:none;" type="text"/>	Name <i>(First, middle initial, last)</i>	Social Security Number	Title	<input style="width:95%; height:20px;" type="text"/>	<input style="width:60%; border:none;" type="text"/>	<input style="width:60%; border:none;" type="text"/>	Home address <i>(Street & no., city, state, ZIP code)</i>		Phone <i>(Area code & no.)</i>	<input style="width:95%; height:20px;" type="text"/>		<input style="width:60%; border:none;" type="text"/>
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SUCCESSOR INFORMATION	<p><i>If you purchased an existing business or business assets, complete Items 13-16. If you did not, skip to Item 17.</i></p> <p>13. Enter the former owner's trade name. If known, enter the former owner's Texas taxpayer number.</p> Trade name <input style="width:400px;" type="text"/> Taxpayer number of former owner <input style="width:150px;" type="text"/>																																				
	<p>14. Enter the former owner's legal name. If known, enter the former owner's address and telephone number.</p> Legal name of former owner <input style="width:400px;" type="text"/> Phone <i>(Area code & no.)</i> <input style="width:100px;" type="text"/> Address of former owner <i>(Street & number, city, state, ZIP code)</i> <input style="width:600px;" type="text"/>																																				
	<p>15. Check each of the following items you purchased.</p> <input type="checkbox"/> Inventory <input type="checkbox"/> Corporate stock <input type="checkbox"/> Equipment <input type="checkbox"/> Real estate <input type="checkbox"/> Other assets																																				
	<p>16. Enter the purchase price of the business or assets purchased and the date of purchase.</p> Purchase price <input style="width:150px;" type="text"/> \$ <input style="width:150px;" type="text"/> Date of purchase <input style="width:150px;" type="text"/>																																				
	<p>Former owner is <input type="checkbox"/> Active <input type="checkbox"/> OOB <input type="checkbox"/> TCR attached <input type="checkbox"/> TCR previously submitted</p>																																				

TEXAS MOTOR VEHICLE RENTAL TAX APPLICATION

PLEASE READ INSTRUCTIONS • TYPE OR PRINT • DO NOT WRITE IN SHADED AREAS • ATTACH ADDITIONAL SHEETS WHERE NECESSARY

17. Legal name of owner (Same as Item 1) <input style="width: 100%;" type="text"/>																											
BUSINESS TYPE	18. Trade name of your business <input style="width: 100%;" type="text"/>		Business phone (Area code & no.) <input style="width: 100%;" type="text"/>																								
	19. Location of your business (Use street & no. or directions - NOT P. O. box or Rural Route no.) <input style="width: 100%;" type="text"/> City _____ State _____ ZIP code _____ County _____																										
	20. Indicate your principal type of business <input type="checkbox"/> Automobile dealer - new and used = 1 <input type="checkbox"/> Automobile dealer - used = 2 <input type="checkbox"/> Motor vehicle manufacturer = 3 <input type="checkbox"/> Motor vehicle rental company = 4																										
	21. Dealer number as assigned by the Texas Department of Transportation <input style="width: 100%;" type="text"/>																										
BUSINESS INFORMATION	22. Enter the date of the first business operation subject to motor vehicle gross rental receipts tax in Texas. Date (month, day, year) <input style="width: 100%;" type="text"/>		For Comptroller's Use Only JOB NAME - MVRAPP <input type="checkbox"/> <input checked="" type="checkbox"/> 00991 Fee type/reason <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 0 Reference number <input style="width: 100%;" type="text"/> Motor Vehicle Rental Set-up XAPERM First rental date mm dd yyyy <input style="width: 100%;" type="text"/>																								
	23. Check the statement below that best describes your motor vehicle rental business. (Do not complete if you are a licensed automobile dealer.) I am the title owner of <input type="checkbox"/> at least five (5) <input type="checkbox"/> less than five (5) different motor vehicles which will be rented within the next 12-month period.																										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">YEAR</th> <th style="width: 15%;">MAKE</th> <th style="width: 40%;">VEHICLE IDENTIFICATION NUMBER</th> <th style="width: 30%;">DATE OF PURCHASE</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>			YEAR	MAKE	VEHICLE IDENTIFICATION NUMBER	DATE OF PURCHASE																				
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QUALIFIED RENTAL ACCOUNTS - MAY REGISTER VEHICLES TAX FREE To qualify to register rental vehicles tax free you must be: • an authorized Texas automobile dealer licensed according to Tex. Rev. Civ. Stat. Ann. art. 6686, or • the title owner of at least five different motor vehicles that will be rented within a 12-month period. As a qualified rental permit holder, you may establish a minimum tax liability instead of paying the motor vehicle sales or use tax when registering a motor vehicle for rental purposes. Also, you may deduct the fair market value of a replaced vehicle from the original price of a motor vehicle purchased for rental.																											
NON-QUALIFIED RENTAL ACCOUNTS - MUST PAY TAX AT REGISTRATION If you do not qualify to register vehicles tax free, you must pay the motor vehicle sales tax when you register the rental vehicle. As you collect tax from your customers, you may keep it until you reimburse yourself for the full amount of tax you paid at registration.																											
24. Number of rented or leased motor vehicles which will be used for rental purposes. <input style="width: 100%;" type="text"/>		Vendor hold <input type="checkbox"/> 1 = Yes <input type="checkbox"/> 2 = No Included in audit <input type="checkbox"/> 1 = Yes <input type="checkbox"/> 2 = No Permit type <input type="checkbox"/> 1 = Qualified <input type="checkbox"/> 2 = Non-Qualified Business type <input type="checkbox"/> 1 = Dealer New or Used <input type="checkbox"/> 2 = Dealer Used <input type="checkbox"/> 3 = Motor Vehicle Mfr. <input type="checkbox"/> 4 = Motor Vehicle Rental Co.																									
25. The owner - Name <input style="width: 100%;" type="text"/> Address <input style="width: 100%;" type="text"/> Permit number <input style="width: 100%;" type="text"/>		Dealer number <input style="width: 100%;" type="text"/>																									
The sole owner, all general partners, corporation president, vice-president, secretary or treasurer or an authorized representative must sign this application. Representative must submit a written power of attorney with application. (Attach additional sheets if necessary.)																											
26. 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 <input style="width: 100%;" type="text"/>		Sole owner, partner or officer <input style="width: 100%;" type="text"/>																									
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Date of application <input style="width: 100%;" type="text"/>																											
Field office number	E.O. name	Destin	Date																								

SIGNATURES

sign here ▶

sign here ▶

sign here ▶

sign here ▶