

# TEXAS APPLICATION FOR MOTOR VEHICLE SELLER-FINANCED SALES TAX PERMIT



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 finance sales of motor vehicles AND / OR
- you will be responsible for collecting and/or paying seller-financed Motor Vehicle Receipts 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. The Austin number is 512/463-4600.

### **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.

**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 INFORMATION

- 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 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).

- Items 18-29** - Enter the trade name, location and dealer number for all your places of business. Use additional sheets if necessary.

- Item 30** - Enter the Motor Vehicle Dealer Number that was assigned by the Texas Department of Transportation for your primary location.

- Item 31** - Enter the date you started or plan to start seller-financed transactions in Texas. (The date cannot be prior to October 1, 1993.)

**TEXAS APPLICATION FOR MOTOR VEHICLE SELLER-FINANCED SALES TAX PERMIT**

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<b>TAXPAYER IDENTIFICATION</b>	1. Legal name of owner (Sole owner, partnership, corporation or other name) <input style="width:95%;" type="text"/>	For Comptroller's use only <b>FALCON ONLY</b> Master name change <input type="checkbox"/> FALCON <b>01170</b> <input type="checkbox"/> 0 - Send <input type="checkbox"/> 1 - Do not send Master account set-up <input type="checkbox"/> FALCON <b>01100</b> Master mailing address change <input type="checkbox"/> FALCON <b>01180</b> County code <input style="width:40px;" type="text"/> Ownership type <input style="width:40px;" type="text"/> <b>0000</b> Master phone number add/change <input type="checkbox"/> FALCON <b>01185</b>
	2. Mailing address (Street & number, P.O. Box or rural route and box number) <input style="width:95%;" type="text"/> City <input style="width:150px;" type="text"/> State <input style="width:50px;" type="text"/> ZIP Code <input style="width:100px;" type="text"/> County <input style="width:100px;" type="text"/>	
	3. If you are a sole owner, enter your home address (Street & number, city, state, ZIP Code) if it is different than above. <input style="width:95%;" type="text"/> Area code <input style="width:50px;" type="text"/> Number <input style="width:100px;" type="text"/>	
	3a. Enter the daytime phone number of the person primarily responsible for filing tax returns. .... <input style="width:150px;" type="text"/> / <input style="width:100px;" type="text"/>	
	4. Enter your Social Security Number if you are a sole owner. .... <input style="width:100px;" type="text"/> <b>2</b> <input style="width:100px;" type="text"/>	
	5. Enter your Federal Employer's Identification (FEI) Number, if any. .... <input style="width:100px;" type="text"/> <b>1</b> <input style="width:100px;" type="text"/> <input style="width:100px;" type="text"/> <b>3</b> <input style="width:100px;" type="text"/>	
	6. If you are incorporating an existing business, enter the taxpayer number of the existing business. .... <input style="width:100px;" type="text"/>	
<b>OWNERSHIP</b>	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. .... <input style="width:100px;" type="text"/>	
	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:100px;" type="text"/>	Secondary mailing address set-up <input type="checkbox"/> FALCON <b>02720</b>
	9. If your business is a Texas corporation, enter the charter number and date. .... Charter number <input style="width:100px;" type="text"/> Charter date <input style="width:100px;" type="text"/>	Secondary mailing address change <input type="checkbox"/> FALCON <b>02721</b>
	10. If your business is a foreign corporation, enter home state, charter number, Texas Certificate of Authority number & date Home state <input style="width:100px;" type="text"/> Charter number <input style="width:100px;" type="text"/> Texas Cert. of Auth. number <input style="width:100px;" type="text"/> Texas Cert. of Auth. date <input style="width:100px;" type="text"/>	Secondary mailing address delete <input type="checkbox"/> FALCON <b>02722</b>
	11. If your business is a limited partnership, enter the home state and identification number. .... Home state <input style="width:100px;" type="text"/> Identification number <input style="width:100px;" type="text"/>	
<b>PROPRIETORS</b>	12. List all general partners or principal officers of your business. If you are a sole owner, skip Item 12. Name (First, middle initial, last) <input style="width:250px;" type="text"/> Social Security Number <input style="width:150px;" type="text"/> Title <input style="width:100px;" type="text"/> Home address (Street & number, city, state, ZIP Code) <input style="width:450px;" type="text"/> Phone (Area code & no.) <input style="width:100px;" type="text"/>	Tax type <input style="width:40px;" type="text"/> <b>0</b> County code <input style="width:40px;" type="text"/>
	Name (First, middle initial, last) <input style="width:250px;" type="text"/> Social Security Number <input style="width:150px;" type="text"/> Title <input style="width:100px;" type="text"/> Home address (Street & number, city, state, ZIP Code) <input style="width:450px;" type="text"/> Phone (Area code & no.) <input style="width:100px;" type="text"/>	Partnership set-up <input type="checkbox"/> FALCON <b>01140</b> OF <input type="checkbox"/> NR <input type="checkbox"/>
	Name (First, middle initial, last) <input style="width:250px;" type="text"/> Social Security Number <input style="width:150px;" type="text"/> Title <input style="width:100px;" type="text"/> Home address (Street & number, city, state, ZIP Code) <input style="width:450px;" type="text"/> Phone (Area code & no.) <input style="width:100px;" type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Name (First, middle initial, last) <input style="width:250px;" type="text"/> Social Security Number <input style="width:150px;" type="text"/> Title <input style="width:100px;" type="text"/> Home address (Street & number, city, state, ZIP Code) <input style="width:450px;" type="text"/> Phone (Area code & no.) <input style="width:100px;" type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>SUCCESSOR INFORMATION</b>	If you purchased an existing business or business assets, complete Items 13-16. If you did not, skip to Item 17. 13. Enter the former owner's name. If known, enter the former owner's Texas taxpayer number. Trade name <input style="width:350px;" type="text"/> Taxpayer number of former owner <input style="width:150px;" type="text"/>	<input type="checkbox"/> <input type="checkbox"/>
	14. Enter the former owner's legal name. If known, enter the former owner's address and telephone number. Legal name of former owner <input style="width:450px;" type="text"/> Phone (Area code & number) <input style="width:100px;" type="text"/> Address of former owner (Street & number, city, state, ZIP Code) <input style="width:650px;" type="text"/>	Former owner is <input type="checkbox"/> Active <input type="checkbox"/> OOB <input type="checkbox"/> TCR attached
	15. Check each of the following items you purchased. <input type="checkbox"/> Inventory <input type="checkbox"/> Corporate stock <input type="checkbox"/> Equipment <input type="checkbox"/> Real estate <input type="checkbox"/> Other assets	<input type="checkbox"/> TCR previously submitted
	16. Enter the purchase price of the business or assets purchased and the date of purchase. Purchase price <input style="width:200px;" type="text"/> Date of purchase <input style="width:150px;" type="text"/>	

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17. Legal name of owner (Same as Item 1)

BUSINESS LOCATION AND INFORMATION	18. Trade name of your business	19. Business phone (Area code & no.)	For Comptroller's use only  Job name: <b>FEEAPP</b>  ■ <b>00991</b>  Fee type / reason  ■ <b>7 0 2 0</b>  Reference number  ■ <input type="text"/>  <b>XAPERM</b>  Effective date mm dd yyyy ● <input type="text"/>  Vendor hold 1 - YES ● <input type="checkbox"/> 2 - NO  Included in audit 1 - YES ● <input type="checkbox"/> 2 - NO  Dealer number ● <input type="text"/>
	20. Location of your business (Use street and number or directions - NOT P.O. Box or Rural Route Number)	21. Dealer number	
	City <input type="text"/> State <input type="text"/> ZIP Code <input type="text"/> County <input type="text"/>		
	22. Trade name of your business	23. Business phone (Area code & no.)	
	24. Location of your business (Use street and number or directions - NOT P.O. Box or Rural Route Number)	25. Dealer number	
	City <input type="text"/> State <input type="text"/> ZIP Code <input type="text"/> County <input type="text"/>		
26. Trade name of your business	27. Business phone (Area code & no.)		
28. Location of your business (Use street and number or directions - NOT P.O. Box or Rural Route Number)	29. Dealer number		
City <input type="text"/> State <input type="text"/> ZIP Code <input type="text"/> County <input type="text"/>			
30. Enter the dealer number for your primary location as assigned by the Texas Department of Transportation .....	<input type="text"/>		
31. Enter the date of the first business operation in Texas subject to the Seller-financed Motor Vehicle Receipts Tax .....	<input type="text"/>		

SIGNATURES	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 power of attorney with the application. (Attach additional sheets if necessary.)		Date of application <input type="text"/>
	32. 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 type="text"/>	<b>sign here</b> ▶	Sole owner, partner or officer <input type="text"/>
	Type or print name and title of partner or officer. <input type="text"/>	<b>sign here</b> ▶	Partner or officer <input type="text"/>
Type or print name and title of partner or officer. <input type="text"/>	<b>sign here</b> ▶	Partner or officer <input type="text"/>	