TAE Composition of SAAN Area FC	retrailer Public Comma (Rev.5-19/18)	RRRR b.■	
a. ■ 2	27100		t staple or paper clip. write in shaded areas. Page 1 of
Texas Direct Payment Return ■	payer number	d. Filing period	e. f. Due date
	<u>√ IMP</u>	ORTANT	• Pleaken this have if your mailing
g. Taxpayer name and mailing	address (Make correc	tions next to any incorrect information.)	Blacken this box if your mailing address has changed. Show changes by the preprinted information
Make сор	pies for your record	SALES 1	PLEASE PRINT YOUR NUMERALS LIKE THIS 0 1 2 3 4 5 6 7 8 9
Who Must File - Every person (sole contraction) or other organization or every period even if there is no tax due in the property of the p	e owner, anization) the 20 years direct ure to file result in 2 of the st be filed e. When the 20 years anization) the 20 years anization	colleting Texas Direct Payme to File - Returns must be filed on or befut day of the month following each report. The due date for filing this return is printed the Comptroller's office of any business or if you do not receive the correct forms your taxes. On this return YES NO	whom to Contact for Assistance - If you have any questions regarding the Direct Payment Use Tax, you may contact the Texas State Comptroller's field office in your area or call 1-800-252-5555. More instructions on back.
Amount subject to state ta	t o question j, co ax (Taxable purc	omplete Form 01-149 and submi	
27180		■ 02 STATE TAX - Column a	■ 04 LOCAL TAX - Column b
		2a. ■ Multiply Item 1 by .062500	2b. ■ Total of Item 7b on all list supplements
2. Total tax due			
01-119 (Rev.5-19/18)	A		
3. Prior payments (See instru	uctions)		
4. Net tax due (Item 2 minus 5. Penalty and interest	s Item 3)	= <u></u>	
(See instructions.)			
6. TOTAL STATE AND LOC	· A I	6a. Total state amount due	6b. Total local amount due
AMOUNT DUE (Add Item			
Mail to COMPTROLLER OF PUBLI P.O. Box 149354 Austin, TX 78714-9354	IC ACCOUNTS		
■ T Code ■ Taxpayer number	■ Period	7. TOTAL AMOUNT PAID (Total of Items 6a and 6b. Make check payable to: STATE COMPTROLLER.)	
Taxpayer name			n.
I declare that the information in this docu	ument and any attachi	ments is true and correct to the best of my kno	owledge. a code & number)

Instructions for Completing Texas Direct Payment Use Tax Return

(continued)

General Instructions

- Please do not write in shaded areas.
- If any preprinted information on this return is incorrect OR if you do not qualify to file this return, contact the Comptroller's office
- You must file a return even if you had no purchases to report.
- If any amounts entered are negative, bracket them as follows: <xx,xxx.xx>.
- If typing, numbers may be typed consecutively as shown in the example.

0123456789

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 phone number listed on this form.

Specific Instructions

Item j. If you paid sales or use tax in error to a vendor or accrued tax in error on a previous direct pay tax return for purchases that are exempt from sales or use tax, blacken the "YES" box and complete Form 01-149, "Texas Direct Pay Tax Return--Credits Schedule." Otherwise, blacken the "NO" box.

Item 3. Prior payments - If you requested that a prior payment and/or an overpayment be designated to this specific period, the amount is preprinted in Item 3 as of the date this return was printed.

Item 5. Penalty and interest -

- 1-30 days late: Enter penalty of 5% (.05) of Item 4.
- 31-60 days late: Enter penalty of 10% (.10) of Item 4.
- Over 60 days late: Enter 10% (.10) penalty of Item 4 plus interest calculated at the rate published on Pub. 98-304, online at www.comptroller.texas.gov or by telephone at 1-877-447-2834.
- The minimum late filing penalty will be \$2.00 (\$1.00 for state and \$1.00 for local).

NOTE: An additional \$50 late filing penalty will be assessed each time a return is filed after the due date.