



Texas Questionnaire / Application for Automotive Oil Sales Fee

GLENN HEGAR

TEXAS COMPTROLLER OF PUBLIC ACCOUNTS

GENERAL INFORMATION

WHO MUST FILE THIS QUESTIONNAIRE - This questionnaire must be submitted by every person, (sole owner, partnership, corporation, or other organization) who:

- manufactures and sells automotive oil in Texas;
- imports or causes to be imported into this state automotive oil for sale, use or consumption; or
- sells more than 25,000 gallons of automotive oil annually and owns a warehouse or distribution center located in Texas.

FOR ASSISTANCE - If you have any questions about this questionnaire, filing fee reports or any other fee-related matter, contact the Texas State Comptroller's office at 1-800-252-5555.

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

GENERAL INSTRUCTIONS -

- Please do not separate pages.
- Type or print.
- Write only in white areas.
- Do not use dashes when entering Social Security, Federal Employer Identification, 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 Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at the address or 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 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 addresses.)
- 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 -** DATE - Enter the month, day and year of the first sales date for automotive oil sold.
- Item 9 -** If you check "OTHER," identify the type of organization. Examples: Social Club, Independent School District, Family Trust.
- Item 13 -** PARTNERSHIP - Enter the information for ALL partners. If a partner is a corporation, enter the Federal Employer Identification Number (FEIN) instead of the Social Security number.
CORPORATION OR OTHER ORGANIZATION - Enter the appropriate information for the principal officers (president, vice-president, secretary, treasurer).

Automotive Oil Sales Fee

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)
 • _____

2. Mailing address (Street and 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 Identification Number (FEIN), if any assigned by the United States Internal Revenue Service _____ 1 _____
 _____ 3 _____

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Job name: **MISCAPP**
 00991

Fee type/reason
 6920

Reference no.

Master account set up
 01100

Master mailing address change
 01180

County code

Ownership type

0000

Master phone number add/change
 01185

Secondary mailing address set-up
 02720

Tax type
 069

County code

Partnership set up
 01140

Automotive oil sales setup

XASTAT

Effective date
 mm dd yyyy

OWNERSHIP

6. Are you a subsidiary or division of another company? YES NO If "YES," enter number _____

7. Do you now have a Taxpayer Number for reporting any Texas tax OR a Texas Vendor Identification Number? YES NO If "YES," enter number _____

8. The first sales date of automotive oil (month, day, year) _____

9. Indicate how your business is owned. 1 - Sole owner 2 - Partnership 3 - Texas corporation
 6 - Foreign corporation 7 - Limited partnership 4 - Other (explain) _____

10. If your business is a Texas corporation, enter the charter number and date
 Charter number _____ Charter date _____

11. 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 _____

12. If your business is a limited partnership, enter the home state and identification number
 Home state _____ Identification number _____

13. Indicate your business type Importer Oil Manufacturer Distributor

Vendor hold
 1 = Yes
 2 = No

Included in audit
 1 = Yes
 2 = No

Business type
 D = Distributor
 I = Importer
 M = Manufacturer
 blank = Unknown

PROPRIETORS

14. Identification of owners: sole owner, all general partners or principal corporation officers.
 (Attach additional sheets if necessary.)

Name (First, middle initial, last) _____ Social Security or Federal Employer Identification no. (FEIN) _____ Title _____
 Home address (Street and number, city, state, ZIP code) _____ Phone (Area code and number) _____

Name (First, middle initial, last) _____ Social Security or Federal Employer Identification no. (FEIN) _____ Title _____
 Home address (Street and number, city, state, ZIP code) _____ Phone (Area code and number) _____

Name (First, middle initial, last) _____ Social Security or Federal Employer Identification no. (FEIN) _____ Title _____
 Home address (Street and number, city, state, ZIP code) _____ Phone (Area code and number) _____

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

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16. If you are an automotive oil distributor as defined by the Health and Safety Code, Section 371.062, please provide the trade name and the physical location of your distribution center or warehouse in Texas.

Trade name of your business

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Location of your distribution center or warehouse

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City State ZIP code

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County Business phone (Area code and number)

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IF YOU PURCHASED AN EXISTING BUSINESS OR BUSINESS ASSETS, COMPLETE ITEMS 17-20. IF YOU DID NOT, SKIP TO ITEM 21.

17. Enter the former owner's trade name. If known, enter the former owner's Texas taxpayer number.

Trade name	Taxpayer number of former owner

18. Enter the former owner's legal name. If known, enter the former owner's address and telephone number.

Legal name of former owner	Phone (Area code and number)

Address of former owner (Street and number, city, state, ZIP code)

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19. Check each of the following items you purchased. (This includes the value of stock exchanged for assets.)

Inventory
 Corporate stock
 Equipment
 Real estate
 Other assets

20. Enter the purchase price of the business or assets purchased and the date of purchase

Purchase price	Date of purchase (Mo., day, year)
\$	

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OF NR

Former owner is

Active

OOB

SUCCESSOR INFORMATION

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 (Mo., day, year)

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21. 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	sign here ▶	Sole owner, partner or officer
Type or print name and title of partner or officer	sign here ▶	Partner or officer
Type or print name and title of partner or officer	sign here ▶	Partner or officer

Office number	Employee name	Destin	Date

SIGNATURES