

# Scrap Metal Theft Grant Program Quarterly Fine Collections

City or County name	Identification number
Contact name	Phone (Area code and number)

Calendar quarter	Year
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For fines collected on convictions under Occupations Code Section 1956.040, Section (a-1).

- |  |    |  |
|--|----|--|
| 1. Total fines collected this calendar quarter .....         | \$ |  |
| 2. Service fee retained (10% of fine amount collected) ..... | \$ |  |
| 3. Amount due / paid (Line 1 minus Line 2) .....             | \$ |  |

List name of business/individual and case/docket number from each collected fine reported on Line 1		
NAME	CASE/DOCKET	AMOUNT

Complete this form and make the amount payable to:  
STATE COMPTROLLER

Mail to: COMPTROLLER OF PUBLIC ACCOUNTS  
P.O. Box 149361  
Austin, TX 78714-9361

For assistance, call 1-800-531-5441, ext. 3-4276, or 512-463-4276.

Do Not Detach — Mail entire form with payment (Keep a copy for your records.)

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City or County name			Amount of payment ..... \$	
Identification number	Quarter	Year	Contact	Phone (Area code and number)

Tcode    
  Dep    
  Taxpayer no.    
  Amt.