



## Texas Application for Motor Vehicle Seller-Financed Sales Tax Permit

### 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

Applicants must hold a motor vehicle license issued by the Texas Department of Motor Vehicles.

Applicants should contact the Office of Consumer Credit Commissioner concerning a Motor Vehicle Dealer's Financing license.

##### **For Assistance -**

If you have questions about this application or any other tax-related matter, information is available online at [www.comptroller.texas.gov](http://www.comptroller.texas.gov), or call 800-252-1382. Representatives are available to help you with questions, by phone, Monday through Friday (except Federal holidays), from 8:00 a.m. to 5:00 p.m.

##### **General Instructions -**

- Please do not separate pages.
- Write only in white areas.
- Completed and signed application should be mailed to

Comptroller of Public Accounts  
111 E. 17th St.  
Austin, TX 78774-0100

##### **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 phone numbers listed on this form.

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• Please read instructions. • Type or print. • Do NOT write in shaded areas. Page 1

## SOLE OWNER IDENTIFICATION

- Name of sole owner (First name, middle initial and last name)
- Social Security number (SSN)  
 -  - 
☐ Check here if you DO NOT have a SSN.
- Taxpayer number for reporting any Texas tax OR Texas Identification Number if you now have or have ever had one.

## NON-SOLE OWNER IDENTIFICATION

--- All sole owners skip to Item 9. ---

- Business organization type
 

<input type="checkbox"/> Profit Corporation (CT, CF)	<input type="checkbox"/> General Partnership (PB, PI)	<input type="checkbox"/> Business Trust (TF)
<input type="checkbox"/> Nonprofit Corporation (CN, CM)	<input type="checkbox"/> Professional Corporation (AP, AF)	<input type="checkbox"/> Trust (TR) <small>Please submit a copy of the trust agreement with this application.</small>
<input type="checkbox"/> Limited Liability Company (CL, CI)	<input type="checkbox"/> Business Association (AB, AC)	<input type="checkbox"/> Real Estate Investment Trust (TH, TI)
<input type="checkbox"/> Limited Partnership (PL, PF)	<input type="checkbox"/> Joint Venture (PV, PW)	<input type="checkbox"/> Joint Stock Company (ST, SF)
<input type="checkbox"/> Professional Corporation (CP, CU)	<input type="checkbox"/> Holding Company (HF)	<input type="checkbox"/> Estate (ES)
<input type="checkbox"/> Other (explain) <input type="text"/>		
- Legal name of partnership, company, corporation, association, trust or other
- Taxpayer number for reporting any Texas tax OR Texas Identification Number if you now have or have ever had one. ....
- Federal Employer Identification Number (FEIN) assigned by the Internal Revenue Service ..... 1  -
- ☐ Check here if you do not have an FEIN. .... 3

BUSINESS INFORMATION

- Mailing address  
 Street number, P.O. Box or rural route and box number  
  
 City  State/province  ZIP code  County (or country, if outside the U.S.)

- Name of person to contact regarding day to day business operations  Daytime phone  -  -

## If you are a SOLE OWNER, skip to Item 16.

TAXPAYER INFORMATION

- If the business is a Texas profit corporation, nonprofit corporation, professional corporation or limited liability company, enter the file number issued by the Texas Secretary of State and date. .... File number  Month  Day  Year
- If the business is a non-Texas profit corporation, nonprofit corporation, professional corporation or limited liability company, enter the state or country of incorporation, charter number and date, Texas Certificate of Authority number and date.  
 State/country of inc.  Charter number  Month  Day  Year  Texas Certificate of Authority number  Month  Day  Year
- If the business is a corporate entity, have you been involved in a merger within the last seven years? ☐ YES ☐ NO If "YES," attach a detailed explanation.
- If the business is a limited partnership or registered limited liability partnership, enter the home state and registered identification number. .... State  Number
- Enter information for all partners - Attach additional sheets, if necessary.  
\*If a general partner is an individual, enter the SSN of the individual.

Name <input type="text"/>	Title <input type="text"/>	Phone (Area code and number) <input type="text"/> - <input type="text"/> - <input type="text"/>
Home address <input type="text"/>	City <input type="text"/>	State <input type="text"/> ZIP code <input type="text"/>
*SSN or FEIN <input type="text"/>	Date of birth Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>	Percent of ownership <input type="text"/> %
Driver license number <input type="text"/> State <input type="text"/> County (or country, if outside the U.S.) <input type="text"/>		
Position held: <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Corporate stockholder <input type="checkbox"/> Record keeper		

Name <input type="text"/>	Title <input type="text"/>	Phone (Area code and number) <input type="text"/> - <input type="text"/> - <input type="text"/>
Home address <input type="text"/>	City <input type="text"/>	State <input type="text"/> ZIP code <input type="text"/>
*SSN or FEIN <input type="text"/>	Date of birth Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>	Percent of ownership <input type="text"/> %
Driver license number <input type="text"/> State <input type="text"/> County (or country, if outside the U.S.) <input type="text"/>		
Position held: <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Corporate stockholder <input type="checkbox"/> Record keeper		

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• Please read instructions. • Type or print. • Do NOT write in shaded areas. Page 2

16. Legal name of owner (same as Item 1 or Item 5) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
PREVIOUS OWNER INFORMATION	<p style="text-align: center;"><b>--- If you purchased an existing business or business assets, complete Items 17-20. If you did not, skip to Item 21. ---</b></p> 17. Enter the former owner's name. If known, enter the former owner's Texas taxpayer number. <div style="display: flex; justify-content: space-between;"> <div>Trade name <div style="border: 1px solid black; height: 20px; width: 60%;"></div></div> <div>Taxpayer number of former owner <div style="border: 1px solid black; height: 20px; width: 30%;"></div></div> </div>	
	18. Enter the former owner's legal name. If known, enter the former owner's address and telephone number. <div style="display: flex; justify-content: space-between;"> <div>Legal name of former owner <div style="border: 1px solid black; height: 20px; width: 60%;"></div></div> <div>Phone (Area code and number) <div style="border: 1px solid black; height: 20px; width: 30%;"></div></div> </div> <div style="margin-top: 5px;">                         Address of former owner (Street and number, city, state, ZIP code)  <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </div>	
	19. Check each of the following items you purchased. <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Inventory                         <input type="checkbox"/> Corporate stock                         <input type="checkbox"/> Equipment                         <input type="checkbox"/> Real estate                         <input type="checkbox"/> Other assets                     </div>	
	20. Enter the purchase price of the business or assets purchased and the date of purchase. <div style="display: flex; justify-content: space-between;"> <div>Purchase price <div style="border: 1px solid black; height: 20px; width: 60%;"></div></div> <div>Date of purchase <div style="border: 1px solid black; height: 20px; width: 30%;"></div></div> </div>	
BUSINESS LOCATION AND INFORMATION	21. Enter the trade name, location and dealer number for <u>all</u> your places of business. (Attach additional sheets, if necessary.) <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div>Trade name of your business <div style="border: 1px solid black; height: 20px; width: 60%;"></div></div> <div>Business phone (Area code and number) <div style="border: 1px solid black; height: 20px; width: 30%;"></div></div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div>Location of your business (Use street and number or directions - NOT P.O. Box or rural route number.) <div style="border: 1px solid black; height: 20px; width: 60%;"></div></div> <div>Dealer number <div style="border: 1px solid black; height: 20px; width: 30%;"></div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>City <div style="border: 1px solid black; height: 20px; width: 25%;"></div></div> <div>State <div style="border: 1px solid black; height: 20px; width: 10%;"></div></div> <div>ZIP code <div style="border: 1px solid black; height: 20px; width: 15%;"></div></div> <div>County <div style="border: 1px solid black; height: 20px; width: 40%;"></div></div> </div>	
	<div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div>Trade name of your business <div style="border: 1px solid black; height: 20px; width: 60%;"></div></div> <div>Business phone (Area code and number) <div style="border: 1px solid black; height: 20px; width: 30%;"></div></div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div>Location of your business (Use street and number or directions - NOT P.O. Box or rural route number.) <div style="border: 1px solid black; height: 20px; width: 60%;"></div></div> <div>Dealer number <div style="border: 1px solid black; height: 20px; width: 30%;"></div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>City <div style="border: 1px solid black; height: 20px; width: 25%;"></div></div> <div>State <div style="border: 1px solid black; height: 20px; width: 10%;"></div></div> <div>ZIP code <div style="border: 1px solid black; height: 20px; width: 15%;"></div></div> <div>County <div style="border: 1px solid black; height: 20px; width: 40%;"></div></div> </div>	
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	22. Do you sell diesel-powered, on-road motor vehicles with a gross vehicle registered weight exceeding 14,000 pounds?..... <input type="checkbox"/> YES <input type="checkbox"/> NO	
	23. Enter the dealer number for your <u>primary</u> location as assigned by the Texas Department of Motor Vehicles ..... <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
	24. Enter the date of the first business operation in Texas subject to the Seller-Financed Motor Vehicle Receipts Tax (The date cannot be prior to Oct. 1, 1993.) ..... <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
	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.)
		<div style="display: flex; justify-content: space-between;"> <div>                         25. 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  <div style="border: 1px solid black; height: 20px; width: 40%;"></div> </div> <div>                         Date of application  <div style="border: 1px solid black; height: 20px; width: 20%;"></div> </div> </div>
		<div style="display: flex; justify-content: space-between;"> <div>                         Type or print name and title of partner or officer  <div style="border: 1px solid black; height: 20px; width: 40%;"></div> </div> <div>                         Sole owner, partner or officer  <div style="border: 1px solid black; height: 20px; width: 40%;"></div> </div> </div>
		<div style="display: flex; justify-content: space-between;"> <div>                         Type or print name and title of partner or officer  <div style="border: 1px solid black; height: 20px; width: 40%;"></div> </div> <div>                         Partner or officer  <div style="border: 1px solid black; height: 20px; width: 40%;"></div> </div> </div>
<div style="display: flex; justify-content: space-between;"> <div>                         Type or print name and title of partner or officer  <div style="border: 1px solid black; height: 20px; width: 40%;"></div> </div> <div>                         Partner or officer  <div style="border: 1px solid black; height: 20px; width: 40%;"></div> </div> </div>		
<p><b>WARNING. You may be required to obtain an additional permit or license from the State of Texas or from a local governmental entity to conduct business. A listing of links relating to acquiring licenses, permits, and registrations from the State of Texas is available online at <a href="http://www.Texas.gov">http://www.Texas.gov</a>. You may also want to contact the municipality and county in which you will conduct business to determine any local governmental requirements.</b></p>		