



# Texas Cement Production Tax Questionnaire

**GLENN HEGAR**

TEXAS COMPTROLLER OF PUBLIC ACCOUNTS

## General Information

- A tax is imposed on each individual, partnership, corporation or other organization who manufactures or produces cement in, or imports cement into the state, and who distributes or sells the cement in intrastate commerce or uses the cement in the state.
- The tax is computed on the amount of cement distributed, sold or used by the business for the first time in intrastate commerce.
- The tax applies to only one distribution, sale or use of cement.
- The rate of the tax imposed by law is \$0.0275 for each 100 pounds or fraction of 100 pounds of taxable cement.
- The tax payment is due on the 25th day of each month, and the amount of the tax is computed on the amount of business done during the preceding month by the business on which the tax is imposed.
- An interstate distribution or sale of cement is exempt from the cement production tax.

### **For Assistance -**

If you have any questions about this application, filing tax returns or any other tax-related matter, call the Comptroller's office at 1-800-531-5441, ext. 3-4276.

Complete this application and mail to COMPTROLLER OF PUBLIC ACCOUNTS  
111 E. 17th Street  
Austin, TX 78774-0100

### **General Instructions -**

- Please do not separate pages.
- Do not use dashes when entering Social Security, Federal Employer Identification (FEIN), 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 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 each tax at a different address, attach a letter with the other address(es).*
- Item 5 -** Enter the Federal Employer Identification Number (FEIN) 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 -** Enter the date (month, day, year) of the first cement production.
- 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) of the corporation.  
CORPORATION OR OTHER ORGANIZATION - Enter the information for the principal officers (president, vice president, secretary and treasurer).

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• Please read instructions      • Type or print      • Do not write in shaded areas

TAXPAYER IDENTIFICATION	<p>1. Legal name of owner <i>(Sole owner, partnership, corporation or other name)</i></p> <p>• _____</p> <p>2. Mailing address <i>(Street and number, P.O. Box or rural route and box number)</i></p> <p>• _____</p> <p>City _____ State _____ ZIP code _____ County _____</p> <p>• _____ • _____ • _____</p> <p>3. Enter the daytime phone number of the person primarily responsible for filing tax returns ..... Area code and number</p> <p>• _____</p> <p>4. Enter your Social Security number if you are a sole owner ..... <b>2</b> _____</p> <p>5. Enter your federal Employer Identification Number (FEIN), if any..... <b>1</b> _____</p> <p style="text-align: right;"><b>3</b> _____</p>
OWNERSHIP	<p>6. Are you a subsidiary or division of another company? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No      If, "YES," enter number .....</p> <p>7. Do you now have a taxpayer number for reporting any Texas tax OR a Texas Vendor Identification Number? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No      If, "YES," enter number .....</p> <p>8. Enter the date of your first cement production <i>(Month, day, year)</i>..... _____</p> <p>9. Indicate how your business is owned.    <input type="checkbox"/> <b>1</b> - Sole owner    <input type="checkbox"/> <b>2</b> - Partnership    <input type="checkbox"/> <b>3</b> - Texas corporation</p> <p><input type="checkbox"/> <b>7</b> - Limited partnership    <input type="checkbox"/> <b>6</b> - Foreign corporation    <input type="checkbox"/> <b>4</b> - Other <i>(explain)</i> _____</p> <p>10. If your business is a Texas corporation, enter the filing number and date of formation .....</p> <p style="text-align: right;">Filing number _____ Formation date _____</p> <p>11. If your business is a foreign corporation, enter home state, charter number, Texas Certificate of Authority number &amp; date.</p> <p>Home state _____ Charter number _____ Texas Cert. of Auth. number _____ Texas Cert. of Auth. date _____</p> <p>12. If your business is a limited partnership, enter the home state and identification number .....</p> <p style="text-align: right;">Home state _____ Identification number _____</p>
PROPRIETORS	<p>13. List all general partners or principal officers of your business. <i>(Attach additional sheets if necessary)</i></p> <p><b>If you are a sole owner, skip Item 13.</b></p> <p>Name <i>(First, middle initial, last)</i> _____ Social Security or Federal Employer Identification Number (FEIN) _____ Title _____</p> <p>• Home address <i>(Street and number, city, state, ZIP code)</i> _____ Phone <i>(Area code and number)</i> _____</p> <p>Name <i>(First, middle initial, last)</i> _____ Social Security or Federal Employer Identification Number (FEIN) _____ Title _____</p> <p>• Home address <i>(Street and number, city, state, ZIP code)</i> _____ Phone <i>(Area code and number)</i> _____</p> <p>Name <i>(First, middle initial, last)</i> _____ Social Security or Federal Employer Identification Number (FEIN) _____ Title _____</p> <p>• Home address <i>(Street and number, city, state, ZIP code)</i> _____ Phone <i>(Area code and number)</i> _____</p> <p>Name <i>(First, middle initial, last)</i> _____ Social Security or Federal Employer Identification Number (FEIN) _____ Title _____</p> <p>• Home address <i>(Street and number, city, state, ZIP code)</i> _____ Phone <i>(Area code and number)</i> _____</p>

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

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**If you purchased an existing business or business assets, complete Items 15 - 18. If you did not, skip to Item 19.**

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

Trade name of former owner	Taxpayer number of former owner

16. 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)	

17. 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

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

Purchase price	Date of purchase

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

19. I (We) declare 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.	<b>sign here</b> ▶	Sole owner, partner or officer
Type or print name and title of partner or officer.	<b>sign here</b> ▶	Partner or officer
Type or print name and title of partner or officer.	<b>sign here</b> ▶	Partner or officer

Field office number	E.O. name	Destin	Date

SUCCESSOR INFORMATION

SIGNATURES