



Texas Questionnaire for Coastal Protection Fee

GLENN HEGAR

TEXAS COMPTROLLER OF PUBLIC ACCOUNTS

INSTRUCTIONS FOR COMPLETING TEXAS QUESTIONNAIRE FOR COASTAL PROTECTION FEE

WHO MUST SUBMIT THIS QUESTIONNAIRE -

This questionnaire must be submitted by every person (sole owner, partnership, corporation or other organization) who transfers crude oil and condensate from or to vessels at a marine terminal located in Texas.

DEFINITIONS -

MARINE TERMINAL - Any terminal facility used for transferring crude oil to or from vessels.

VESSEL - Includes every description of water craft or other contrivance used or capable of being used as a means of transportation on water, whether self-propelled or otherwise, including barges.

FOR ASSISTANCE -

If you have any questions concerning this questionnaire, filing tax returns or any other tax-related matter, call 1-800-252-1384.

GENERAL INSTRUCTIONS -

- Please write only in white areas.
- When entering a Social Security Number, Federal Employer Identification Number (FEIN), Texas Taxpayer Number or Vendor Identification Number, do not enter dashes.
- Disclosure of the Social Security Number is required and authorized under law and will be used for the purpose of tax administration.

SPECIFIC INSTRUCTIONS

Item 1 - SOLE OWNER: Enter first name, middle initial and last name.

PARTNERSHIP: Enter the legal name of the partnership.

CORPORATION: Enter legal name exactly as it is registered with the Secretary of State.

OTHER ORGANIZATION: Enter the title of the organization.

Item 2 - Enter complete mailing address where you wish to receive mail from the Comptroller of Public Accounts. If you wish to receive mail at a different address for other taxes, attach a letter with the other addresses.

Item 3 - Enter the Federal Employer Identification Number (FEIN) assigned to your business by the Internal Revenue Service.

Item 4 - Enter Social Security Number only if this is a sole owner.

Item 5 - Check this block if you have neither a Social Security Number nor a FEIN.

Item 7 - If you have both a Texas Taxpayer and Vendor Identification Number, enter only the first eleven digits of the Vendor Identification Number.

Item 9 - OTHER ORGANIZATION: Explain the type of organization.

Examples: Social Club, Independent School District, Family Trust, Joint Venture. NOTE: For Joint Venture list the managing partner (or the partner acting as the authorized agent for the venture) and the names of two other principal partners. Principal partners are those having the largest claim to a share of the venture's profits under the terms of the Joint Venture Agreement. A copy of the Joint Venture Agreement must be filed with this questionnaire if the agreement is available.

TEXAS CORPORATION: Enter Charter Number assigned by the Secretary of State and date of the charter.

FOREIGN CORPORATION (Chartered out-of-Texas): Enter the state in which business is incorporated and Charter Number AND Texas Certificate of Authority Number and date.

LIMITED PARTNERSHIP: Enter state in which partnership is registered and identification number.

Item 10 - PARTNERSHIP: Enter 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, secretary, vice-president).

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.

Complete this questionnaire and mail to

COMPTROLLER OF PUBLIC ACCOUNTS
111 E. 17th Street
Austin, TX 78774-0100

Field office _____

E.O. _____

Destin _____

Date _____

TEXAS QUESTIONNAIRE

Coastal Protection Fee

PLEASE READ INSTRUCTIONS TYPE OR PRINT DO NOT WRITE IN SHADED AREAS

1. Legal name of owner

JOB NAME - FEEAPP

T Code 00991

Tax type/Reason code 6620

2. Mailing address

Business phone (Area code & no.)

Ref. no.

City State ZIP code County Code

MASTER ON FILE

T Code 01100

T Code 01180

T Code 01185

3. Federal Employer Identification Number

4. Social Security number if sole owner

5. Check if neither

1 2 3

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. Enter your beginning effective date (month, day, year)

9. Type of ownership

1 - Sole owner

2 - Partnership Charter Number

4 - Other (Explain) Charter Date

3 - Texas corporation State Charter Number Texas Cert. of Auth. No. Date

6 - Foreign corporation State Identification Number

7 - Limited partnership Type 0 0 0 0

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

T Code 01140

Name (First name, middle initial, last name)

Social Security number

Title

Home street address

City

State

ZIP code

Name (First name, middle initial, last name)

Social Security number

Title

Home street address

City

State

ZIP code

Name (First name, middle initial, last name)

Social Security number

Title

Home street address

City

State

ZIP code

SUCCESSOR LIABILITY - If you purchased an existing business or business assets, complete Items 11-14. If you did not, skip to Item 15.

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

Trade name

Taxpayer number of former owner

12. 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 & no.)

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

13. Check each of the following items you purchased.

- Inventory Corporate stock Equipment Real estate Other assets

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

Purchase price

Date of purchase

\$

Coastal Protection Fee

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

Feepayer number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

16. List each marine terminal facility you operate in Texas. Attach additional sheets if necessary.

Trade name (Actual name under which your marine terminal facility operates)

Location of your terminal (Use street and number or directions - NOT P.O. Box or Rural Route)

City	State	ZIP code	County	Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Trade name (Actual name under which your marine terminal facility operates)

Location of your terminal (Use street and number or directions - NOT P.O. Box or Rural Route)

City	State	ZIP code	County	Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Trade name (Actual name under which your marine terminal facility operates)

Location of your terminal (Use street and number or directions - NOT P.O. Box or Rural Route)

City	State	ZIP code	County	Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Trade name (Actual name under which your marine terminal facility operates)

Location of your terminal (Use street and number or directions - NOT P.O. Box or Rural Route)

City	State	ZIP code	County	Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Trade name (Actual name under which your marine terminal facility operates)

Location of your terminal (Use street and number or directions - NOT P.O. Box or Rural Route)

City	State	ZIP code	County	Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Trade name (Actual name under which your marine terminal facility operates)

Location of your terminal (Use street and number or directions - NOT P.O. Box or Rural Route)

City	State	ZIP code	County	Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

17. SIGNATURES: Sole owner, all general partners, corporation president, vice-president, secretary or treasurer or an authorized representative must sign this questionnaire. Representative must submit a written power of attorney with this questionnaire

Date of signature(s)

I (We) declare that the information in this document is true and correct to the best of my (our) knowledge and belief.

Type or print name of sole owner, partner or officer

sign here ▶

Sole owner, partner or officer

Type or print name of partner or officer

sign here ▶

Partner or officer

Type or print name of partner or officer

sign here ▶

Partner or officer