



Texas Questionnaire Commercial Motor Vehicle School Fund Benefit Fee

GLENN HEGAR TEXAS COMPTROLLER OF PUBLIC ACCOUNTS

Who Must Submit This Questionnaire - This questionnaire must be submitted by every person (sole owner, partnership, corporation or other organization), other than a political subdivision, who owns, controls, operates or manages a commercial motor vehicle as defined by Section 548.001, Transportation Code, and uses diesel powered motor vehicles to transport passengers for compensation or hire between points in Texas on a fixed or scheduled route.

Definitions -

- Commercial Motor Vehicle - for purposes of this exemption only a commercial motor vehicle as authorized by Chapter 162, Tax Code means a self-propelled vehicle used to transport passengers for compensation or hire between points in this state on a fixed route or schedule that has a gross weight, registered weight, or gross weight rating of more than 26,000 pounds, or is designed to transport more than 15 passengers, including the driver.
- Fixed or Scheduled Route - for purposes of this exemption only a fixed or scheduled route means published routes between fixed points in Texas that are open for travel by the general public with intended times of departure and arrival at a terminal or other specified location. A fixed or scheduled route must extend beyond any incorporated town or city and its suburbs.
- Political Subdivision - for purposes of this exemption only a political subdivision means any county, city, town, village, district or other political subdivision of the State, and includes a person performing a contract to provide transportation services for any city, town, village, district or other political subdivision in Texas.

Legal cite: Transportation Code, Ch. 20, Sec. 20.002

For Assistance - If you have any questions about this questionnaire, contact your nearest Texas State Comptroller's field office, or call us at 1-800-252-1383. Receive tax help online at: www.comptroller.texas.gov/taxes/.

Americans With Disabilities Act - In compliance with the Americans with Disabilities Act, this document may be requested in alternative formats by calling 1-800-252-5555. Hearing impaired taxpayers may call via 1-800-RELAY-TX.

If you are hiring one or more employees, please contact the Texas Workforce Commission (512-463-2699) or your local TWC tax office to determine if you are liable for payroll taxes under the Texas Unemployment Compensation Act.

Complete this application and mail 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 number listed on this form.

SOLE OWNER IDENTIFICATION			
1. Name of sole owner (First, middle initial, and last name) _____			
2. Social Security number (SSN) ____-____-____		3. Taxpayer number for reporting any Texas tax OR Texas identification number if you now have or have ever had one. _____	
<input type="checkbox"/> Check here if you DO NOT have a SSN.			
NON-SOLE OWNER IDENTIFICATION			
--- All sole owners skip to Item 9. ---			
4. Business organization type			
<input type="checkbox"/> Texas registered limited liability partnership (PR)	<input type="checkbox"/> Texas limited liability company (CL)	<input type="checkbox"/> Non-Texas limited liability company (CI)	<input type="checkbox"/> Estate (ES)
<input type="checkbox"/> Non-Texas registered limited liability partnership (PS)	<input type="checkbox"/> Texas profit corporation (CT)	<input type="checkbox"/> Non-Texas profit corporation (CF)	<input type="checkbox"/> Professional corporation (CP)
<input type="checkbox"/> General partnership (PG)	<input type="checkbox"/> Texas nonprofit corporation (CN)	<input type="checkbox"/> Non-Texas nonprofit corporation (CM)	<input type="checkbox"/> Professional association (AP)
<input type="checkbox"/> Limited partnership (PL or PF)	<input type="checkbox"/> Trust (FM) Please submit a copy of the trust agreement with this application		
<input type="checkbox"/> Other (explain) _____			
5. Legal name of partnership, company, corporation, association, trust or other _____			
6. Taxpayer number for reporting any Texas tax OR Texas identification number if you now have or have ever had one.			_____
7. Federal Employer Identification Number (FEIN) assigned by the Internal Revenue Service			1 ____ - _____
8. <input type="checkbox"/> Check here if you do not have a FEIN.			3 _____
9. 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.) _____
10. Name of person to contact regarding day to day business operations _____			Daytime phone ____-____-____

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• Type or print.

• Do not write in shaded areas.

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

TAXPAYER INFORMATION

11. If the business is a Texas profit corporation, nonprofit corporation, professional corporation, or limited liability company, enter the charter number and date. Charter number _____ Month _____ Day _____ Year _____

12. 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 _____

13. If the business is a corporation, have you been involved in a merger within the last seven years? YES NO If "YES," attach a detailed explanation.

14. If the business is a limited partnership or registered limited liability partnership, enter the home state and registered identification number. State _____ Number _____

15. General partners, principal members/officers, managing directors or managers (Attach additional sheets, if necessary.)
 Name _____ Title _____ Phone (Area code and number) _____
 Home address _____ City _____ State _____ ZIP code _____
 SSN or FEIN _____ Percent of ownership _____ % County (or country, if outside the U.S.) _____
 Position held Partner Officer Director Corporate Stockholder Record keeper

16. Do you own, control, operate, or manage commercial motor vehicles used to transport passengers for compensation or hire between points in Texas on fixed or scheduled routes other than charter trips, public school transportation, and private school transportation? YES NO

17. Does the motor vehicle have a registered gross weight of more than 26,000 pounds or designed to transport more than fifteen passengers, including the driver? YES NO

18. Do you travel other than between points in Texas on fixed or scheduled routes (i.e., charter trips, public school transportation, and private school transportation)? YES NO

19. Do you travel outside of Texas? YES NO

20. Is your regular route service published in the Russell's Official National Motor Coach Guide? YES NO

21. Do you have regular route passenger carrier authority issued by the Office of Motor Carrier Division, Federal Highway Administration to perform regularly scheduled service only over named roads or highways? YES NO

22. If yes, enter your USDOT motor carrier (MC) registration number _____

If you purchased an existing business or business assets, complete Items 23 - 26.

PREVIOUS OWNER INFORMATION

23. Previous owner's trade name. _____ Previous owner's taxpayer number (if available) _____

24. Previous owner's legal name, address and phone number, if available. Name _____ Phone (Area code and number) _____
 Address (Street and number) _____ City _____ State _____ ZIP code _____

25. Check each of the following items you purchased. Inventory Corporate stock Equipment Real estate Other assets

26. Purchase price of this business or assets and the date of purchase. Purchase price \$ _____ Date of purchase Month _____ Day _____ Year _____

For Comptroller Use Only
 Tax type/reason 00991 7720
 Taxpayer number _____
 Reference no. _____

27. The sole owner, all general partners, corporation or organization president, vice-president, secretary or treasurer, managing director, or an authorized representative must sign. A representative must submit a written power of attorney. (Attach additional sheets if necessary.)

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. Date of signature(s) Month _____ Day _____ Year _____

Type or print name and title of sole owner, partner or officer _____ Driver license number/state _____ sign here _____ Sole owner, partner, or officer

Type or print name and title of partner or officer _____ Driver license number/state _____ sign here _____ Partner or officer

Type or print name and title of partner or officer _____ Driver license number/state _____ sign here _____ Partner or officer

SIGNATURES

Open Records Notice - Your name, address and telephone number are public information under the Texas Open Records Act, Chapter 552, Government Code.

Field office or section name _____ Employee USERID _____ Date _____