



# Texas Motor Vehicle Registration Surcharge and/or Title Application Fee Report

a. T Code ■ 21100

c. Taxpayer number  
■

d. Filing period

e.  
■

f. Due date

g. Name and mailing address (Make any necessary name or address changes below.)

**h. IMPORTANT**

Blacken this box if your mailing address has changed. Show changes by the preprinted information. → 1.

Blacken this box if you are no longer in office and write in the date you left office. → 2.   
Month Day Year

i.  j.

**Who Must File**

Texas County Tax Assessor-Collectors (TACs) must file this report with the Comptroller's office on a monthly basis.

**Due Date**

The report is due by the 10th day of the month after the reporting period.

**Column B - Title Application Fee/Texas Mobility Fund Instructions**

Non-attainment counties must remit \$20.00 of each title application fee to the Comptroller's office for the the Texas Mobility Fund. All other counties must remit \$15.00 of each title application fee for the fund.

*** Do not write in shaded areas.***	21100 COLUMN A Registration Surcharge	12100 COLUMN B Title Application Fee Texas Mobility Fund
1. Number of registrations and/or title applications (Include any collections made on previous dishonored payments).....	1a. ■	1b. ■
2. Total registration surcharge and/or title application fees collected .....	\$ 2a. ■	\$ 2b. ■
3. Claim for dishonored payment .....	\$ 3a. ■	\$ 3b. ■
4. Total surcharge and/or title application fee due (Item 2 minus Item 3) .....	\$ 4a. ■	\$ 4b. ■
*** DO NOT DETACH ***		
5. Prior payments (Include electronic funds submitted for this reporting period).....	\$ 5a.	\$ 5b.
6. Total amount due and payable (Item 4 minus Item 5) .....	\$ 6a. ■	\$ 6b. ■
7. TOTAL AMOUNT OF MOTOR VEHICLE SURCHARGE AND/OR TITLE APPLICATION FEE DUE AND PAYABLE (Add Item 6a and Item 6b) .....	k.	\$ 7.
Taxpayer name		i. <input type="checkbox"/>

■ T Code    ■ Taxpayer number    ■ Period

Make check payable to **STATE COMPTROLLER**  
Mail to **COMPTROLLER OF PUBLIC ACCOUNTS**  
P.O. Box 149360  
Austin, Texas 78714-9360

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief.

**sign here** Taxpayer or duly authorized agent

Business phone \_\_\_\_\_ Date \_\_\_\_\_