

Texas Tax Questionnaire for Crude Oil and Natural Gas

T Code ■ **00990**

Tax type/Reason code ■ **2 0**

• Please read instructions.

• Type or print.

• Do not write in shaded areas.

1. Legal name of owner

 DBA (Operating name)

2. Mailing address
 Phone (Area code and number)
 - -
 City State ZIP code County

3. Comptroller taxpayer number 4. Federal Employer Identification Number **1** 5. Social Security number if sole owner **2**

6. Do you now have a taxpayer number for reporting Texas tax OR a Texas Vendor Identification number? YES NO If yes, enter taxpayer number

7. Are you a subsidiary or division of another company? YES NO OR name

8. Type of ownership (Check one)

Sole owner Partnership Other (Explain)

Texas corporation Charter number Charter date

Foreign corporation (Non-Texas) State Charter number Texas Certificate of Authority number Date

Limited Partnership State Identification number

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

Name (First, middle initial, last) Social Security number - - Title

Home address (Street and number) City State ZIP code

Name (First, middle initial, last) Social Security number - - Title

Home address (Street and number) City State ZIP code

Name (First, middle initial, last) Social Security number - - Title

Home address (Street and number) City State ZIP code

10. Check the type of reports you will file, and enter the month and year of your first sales and/or purchases.

Beginning year and month

<input type="checkbox"/>	<input type="text"/>	Crude Oil Purchaser (Monthly)
<input type="checkbox"/>	<input type="text"/>	Crude Oil Producer
<input type="checkbox"/>	<input type="text"/>	Natural Gas Purchaser (Monthly)
<input type="checkbox"/>	<input type="text"/>	Natural Gas Producer (Annual): Average monthly tax liability will be under \$200/month or under \$2400.00/year
<input type="checkbox"/>	<input type="text"/>	Natural Gas Producer (Monthly): Average monthly tax liability will be over \$200/month or over \$2400.00/year
<input type="checkbox"/>	<input type="text"/>	Natural Gas Cycling

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

11. Trade name Taxpayer number

12. Legal name of former owner (First, middle initial, last) Phone (Area code and number) Former owner's Texas taxpayer number (If known)

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

14. Check each of the following items you purchased: Inventory Corporate Stock Equipment Real estate Other assets



Texas Tax Questionnaire for Crude Oil and Natural Gas

GLENN HEGAR

TEXAS COMPTROLLER OF PUBLIC ACCOUNTS

Instructions for Completing Texas Tax Questionnaire for Crude Oil and Natural Gas

WHO MUST SUBMIT THIS APPLICATION -

This application must be submitted by every person (sole owner, partnership, corporation or other organization) who produces and/or purchases crude oil and/or natural gas.

WHO TO CONTACT FOR ASSISTANCE -

If you have any questions concerning this application, 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 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.

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 other addresses.
- Item 3 -** Enter your Comptroller taxpayer number.

- Item 4 -** Enter the Federal Employer Identification Number (FEIN) assigned to your business by the Internal Revenue Service.
- Item 5 -** Enter Social Security number only if this is a sole owner.
- Item 6 -** If you have both a Texas Taxpayer and Vendor Identification Number, enter only the first eleven digits of the Vendor Identification Number.
- Item 8 - 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 9 - 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).
- Item 10 - CRUDE OIL PRODUCERS:** If the taxes are not paid by the purchaser, please call us for permission to file monthly.
- NATURAL GAS PRODUCERS:** If average monthly tax liability is less than \$200 or an accumulated liability per year is \$2,400 or less, then reports must be filed annually.

15. SIGNATURES Sole owner, all general partners or corporation president or authorized representative must sign. *(Attach additional sheets, if necessary.)*

Texas Railroad Commission P-5 number

Date of application for P-5 number

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

Complete this application and mail to

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

Field office

E.O.

ACID

Date

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.