

Machine Location Amendment for Registration Certificate Holders

For Comptroller Use Only
 ■ 00990 ■ 4420

- The Coin-Operated Machines Law (Occupations Code 2153.158) requires that the holder of a Registration Certificate shall indicate the name and location address of each machine and certify that a valid tax permit is affixed to each machine.
- If you move any machine during the year, you are required to complete this amendment form and return it to the Comptroller's office within 10 days of the move. (Occupations Code 2153.160)
- NOTE:** You must complete a separate form for each location to which you moved machines and list the machines moved to that location.

• Type or print.

• Do not write in shaded areas.

TAXPAYER INFORMATION	1. Legal name of owner <i>(Sole owner, partnership, corporation, or other name)</i>		Taxpayer number		
	<input type="text"/>		<input type="text"/>		
MACHINE LOCATION INFORMATION	2. Mailing address <i>(Street and number, P.O. Box or Rural Route and box number)</i>				
	<input type="text"/>				
	City	State	ZIP code	County	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
MACHINE INVENTORY LIST	3. Trade name of your business where machine(s) has been relocated		Phone <i>(Area code and number)</i>		
	<input type="text"/>		<input type="text"/>		
4. Location of this business <i>(Use street and number or directions. P.O. Box or Rural Route NOT acceptable)</i>					
<input type="text"/>					
City					
<input type="text"/>					
5. For each machine moved to this location, list the date moved, serial number / inventory I.D. number, make, type, and check if the machine has or does not have a valid tax permit affixed.					
	DATE THE MACHINE WAS MOVED	MACHINE SERIAL NUMBER / INVENTORY I.D. NUMBER	MACHINE MAKE OR MANUFACTURE	MACHINE TYPE CODE <small><i>(Use letter code from below.)</i></small>	VALID TAX PERMIT AFFIXED?
1.					<input type="checkbox"/> YES <input type="checkbox"/> NO
2.					<input type="checkbox"/> YES <input type="checkbox"/> NO
3.					<input type="checkbox"/> YES <input type="checkbox"/> NO
4.					<input type="checkbox"/> YES <input type="checkbox"/> NO
5.					<input type="checkbox"/> YES <input type="checkbox"/> NO
6.					<input type="checkbox"/> YES <input type="checkbox"/> NO
7.					<input type="checkbox"/> YES <input type="checkbox"/> NO
8.					<input type="checkbox"/> YES <input type="checkbox"/> NO
9.					<input type="checkbox"/> YES <input type="checkbox"/> NO
10.					<input type="checkbox"/> YES <input type="checkbox"/> NO
11.					<input type="checkbox"/> YES <input type="checkbox"/> NO
12.					<input type="checkbox"/> YES <input type="checkbox"/> NO
13.					<input type="checkbox"/> YES <input type="checkbox"/> NO
14.					<input type="checkbox"/> YES <input type="checkbox"/> NO
15.					<input type="checkbox"/> YES <input type="checkbox"/> NO
A - PHONOGRAPHS B - POOL TABLES C - PINBALL GAMES D - VIDEO GAMES E - DARTS F - OTHER <i>If additional space is needed, add supplemental pages.</i>					
I certify that all information in this amendment is true and correct.					
sign here		Sole owner, partner, or officer		Date	
<input type="text"/>		<input type="text"/>		<input type="text"/>	

For assistance - If you have any questions about this application, contact your nearest Texas Comptroller's office or call 1-800-252-1385 or 512-463-4600.

Mail to: **Texas Comptroller of Public Accounts**
 111 E. 17th Street
 Austin, TX 78774-0100

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.

Field office number	E.O. name	User ID	Date
■ <input type="text"/>	<input type="text"/>	■ <input type="text"/>	■ <input type="text"/>