

Texas Questionnaire for Battery Sales Fee

• Please read instructions. • Type or print. • Do not write in shaded areas.

TAXPAYER IDENTIFICATION

1. Legal name of owner (Sole owner, partnership, corporation, or other name)

2. Mailing address (Street and number, P.O. Box or rural route and box number)

 City _____ State _____ ZIP code _____ County _____

4. Enter a daytime phone number (Area code and number) _____ - _____ - _____

5. Enter your Social Security (SSN) number if you are a sole owner ■ _____ - _____ - _____

6. Enter your Federal Employer Identification Number (FEIN), if any assigned by the United States Internal Revenue Service..... 1 _____ - _____ - _____

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.

3 _____

OWNERSHIP

7. Are you a subsidiary or division of another company? YES NO *If "YES," enter number.* _____

8. Do you now have a taxpayer number for reporting any Texas tax OR a Texas Vendor Identification Number? YES NO *If "YES," enter number.* _____
 Month Day Year

9. The first sales date of batteries _____

10. Indicate how your business is owned. Sole owner Partnership Texas corporation Foreign corporation
 Limited partnership Other (Explain) _____

11. If your business is a Texas corporation, enter the file number and date. *File number* _____ *File date* _____

12. If your business is a corporation in another state, enter the file number and date.
Home state _____ *Charter number* _____ *Texas Certificate of Authority number* _____ *Texas Cert. of Authority date* _____

13. If your business is a limited partnership, enter the home state and identification number..... *Home state* _____ *Identification number* _____

PROPRIETORS

14. General partners, principle officers, managing directors, or managers. (Attach additional sheets, if necessary.)

Name _____ SSN or FEIN _____ Title _____
 Home address (Street and number, city, state, ZIP code) _____ Phone (Area code and number) _____

Name _____ SSN or FEIN _____ Title _____
 Home address (Street and number, city, state, ZIP code) _____ Phone (Area code and number) _____

SUCCESSOR INFORMATION

IF YOU PURCHASED AN EXISTING BUSINESS OR BUSINESS ASSETS, COMPLETE ITEMS 15-18. IF YOU DID NOT, SKIP TO ITEM 19.

15. Enter the former owner's trade name. If known, enter the former owner's Texas taxpayer number.
 Trade name _____ Taxpayer number of former owner _____

16. Enter the former owner's legal name. If known, enter the former owner's address and telephone number.
 Legal name _____ Phone (Area code and number) _____
 Address of former owner (Street and number, city, state, ZIP code) _____

17. Check each of the following items you purchased. (this includes the value of stock exchanged for assets)
 Inventory Corporate stock Equipment Real estate Other assets

18. Enter the purchase price of the business or assets purchased and the date of purchase. Purchase price \$ _____ Date of purchase (month, day, year) _____

For Comptroller's use only

OF _____ NR _____

Former owner is
 Active
 OOB



Texas Questionnaire for Battery Sales Fee

GLENN HEGAR TEXAS COMPTROLLER OF PUBLIC ACCOUNTS

WHO MUST FILE THIS QUESTIONNAIRE? – You must file this questionnaire if you are selling, storing, using, or consuming new or used lead-acid batteries, for which a fee shall be collected at the time of sale.

DEFINITION – Battery Sales Fee:

The battery sales fee is applied at a rate of:

- \$2.00 for each lead-acid battery with a capacity of less than 12 volts;
- \$3.00 for each lead-acid battery with a capacity of 12 volts or more.

The fee must be listed as a separate item on your sales invoice and is not subject to sales tax.

A lead-acid battery is exempt from the fee if it meets ALL the following criteria:

- it has a rating of less than 10 ampere hours;
- the sum of its dimensions is less than 15 inches; and
- it is sealed to prevent maintenance.

FOR ASSISTANCE - If you have any questions about this questionnaire, filing fee reports or any other fee-related matter, contact the Texas State Comptroller's Office at 1-800-252-5555.

Complete this questionnaire and 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 number listed on this form.

GENERAL INSTRUCTIONS

- Please do not separate pages.
- Type or print.
- Write only in white areas
- Do not use dashes when entering Social Security, Federal Employer Identification, Texas Taxpayer or Texas Vendor Identification Numbers.

SPECIFIC INSTRUCTIONS

Item 2 - SOLE OWNER - Enter first name, middle initial and last name.

PARTNERSHIP - Enter the legal name of the partnership.

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

OTHER ORGANIZATION - Enter the title of the organization.

Item 3 - Enter the complete mailing address where you want to receive mail from the Comptroller of Public Accounts. *(NOTE: If you want to receive mail for other taxes at a different address, attach a letter with the other addresses.)*

Item 8 - If you have both a Texas Taxpayer Number and a Texas Vendor Identification Number, enter only the first eleven digits of the

Vendor Identification Number.

Item 9 - DATE - Enter the month, day and year of the first sales date for batteries sold.

Item 10 If you check "OTHER," identify the type of organization. Examples: Social Club, Independent School District, Family Trust.

Item 14 - PARTNERSHIP - Enter the appropriate information for ALL partners. If a partner is a corporation, enter the Federal Employer Identification Number (FEIN) instead of the Social Security number.

CORPORATION OR OTHER ORGANIZATION - Enter the appropriate information for the principal officers (president, vice-president, secretary, treasurer).

19. Legal name of owner <i>(Same as Item 1)</i>			
		<input style="width: 100%; height: 20px;" type="text"/>	
SIGNATURES	The sole owner, all general partners, corporation president, vice-president, secretary, treasurer, or an authorized representative must sign this application. Representative must submit a written power of attorney with application. (Attach additional sheets, if necessary.)		Date of application (month, day, year)
			<input style="width: 100%; height: 20px;" type="text"/>
	20. I (We) declare that the information in this document and any attachments are true and correct to the best of my (our) knowledge and belief.		
	Type or print name and title of sole owner, partner, or officer	sign here ▶	Sole owner, partner, or officer
		<input style="width: 100%; height: 20px;" type="text"/>	
Type or print name and title of sole owner, partner, or officer	sign here ▶	Sole owner, partner, or officer	
		<input style="width: 100%; height: 20px;" type="text"/>	
Type or print name and title of sole owner, partner, or officer	sign here ▶	Sole owner, partner, or officer	
		<input style="width: 100%; height: 20px;" type="text"/>	
Field office number	E.O. name	User ID	Date