



Texas Business Questionnaire

for partnerships, associations, trusts, joint ventures, joint stock companies and railroad companies

	Texas taxpayer number
	File number
	<p>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.</p>

1. Entity name	2. Federal employer identification number (FEIN)
3. Mailing address (if different than above address)	
City	State
ZIP code	
4. Contact person	5. Contact phone (Area code and number)

6. Entity type

<input type="checkbox"/> Limited partnership (PL)	<input type="checkbox"/> Other association (AR)	<input type="checkbox"/> Joint venture (PV)
<input type="checkbox"/> General partnership (PB, PI)	<input type="checkbox"/> Trust (TR)	<input type="checkbox"/> Joint stock company (ST)
<input type="checkbox"/> Business association (AB)	<input type="checkbox"/> Real estate investment trust (TH)	<input type="checkbox"/> Railroad company (CW)
<input type="checkbox"/> Other _____		

month day year

7. In what state or country was this entity formed? _____ Formation date _____

8. If this entity is registered with the Texas Secretary of State, please provide the file number. _____

9. Please provide the entity's North American Industry Classification System (NAICS) code. _____

(NAICS codes are available at www.census.gov/epcd/www/naics.html.)

10. Please list any tax permits or licenses issued to this entity by the Texas Comptroller.

Type of permit or license	Taxpayer number for permit or license
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If included in a combined group Texas Franchise Tax Report, provide the reporting entity's Texas taxpayer number. _____

(continued on back)



11. Please complete this information for all members, all general partners and each limited partner with a 10% or more interest in the partnership. (For limited partnerships, general partnerships, joint ventures and joint stock companies.)
(Attach additional sheets if necessary.)

Name	Type of owner <input type="checkbox"/> Member <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner	FEIN	Percentage of ownership %
Mailing address	City	State	ZIP code
			Begin date in Partnership

sign here ▶	Printed name	Title
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Name	Type of owner <input type="checkbox"/> Member <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner	FEIN	Percentage of ownership %
Mailing address	City	State	ZIP code
			Begin date in Partnership

sign here ▶	Printed name	Title
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Mailing address	City	State	ZIP code
			Begin date in Partnership

sign here ▶	Printed name	Title
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I declare that the information in this document and any attachment is true and correct to the best of my knowledge and belief.

Print preparer's name	Title	Phone (Area code and number)
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sign here ▶	Date
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Information about franchise tax is available online at www.comptroller.texas.gov/taxes/franchise/ . For taxpayer assistance, call 1-800-252-1381 or 512-463-4600.	Please return this completed questionnaire to: Texas Comptroller of Public Accounts P.O. Box 149348 Austin, TX 78714-9348
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Exemptions: An entity may qualify for exemption from filing franchise tax reports. Please see *Guidelines to Texas Tax Exemptions* on our website at www.comptroller.texas.gov/taxes/exempt/.