40-149
(Rev.5-15/2)

PRINT FORM | CLEAR FIELDS

Child Safety Seat
Monthly Court Costs Payment

City / County name	Identification number
Contact name	Phone *(Area code and number)*

Month	Year
(select month)	

Amount of payment ..... $ _____

Complete this form and make the amount payable to STATE COMPTROLLER
Mail to COMPTROLLER OF PUBLIC ACCOUNTS P.O. Box 149361 Austin, TX 78714-9361

For assistance, call 1-800-531-5441, ext. 3-4276, or 512-463-4276.

Detach and return the bottom portion only.
Keep the top portion for your records.

40-149
(Rev.5-15/2)

* 4 0 1 4 9 0 1 W 0 5 1 5 0 2 *

Child Safety Seat
Monthly Court Costs Payment

City / County name				
Identification number	Month **(select month)**	Year	Contact	Phone *(Area code and number)*

Amount of payment ..... $

■ Tcode ■ Dep ■ Taxpayer no. ■ Amt.

90100 710

4242