

Texas Application for Motor Vehicle Seller-Financed Sales Tax Permit

GLENN HEGAR TEXAS COMPTROLLER OF PUBLIC ACCOUNTS

General Information

Who Must Submit This Application -

You must submit this application if you are a sole owner, partnership, corporation or other organization which intends to finance sales of motor vehicles

Applicants must hold a motor vehicle license issued by the Texas Department of Motor Vehicles.

Applicants should contact the Office of Consumer Credit Commissioner concerning a Motor Vehicle Dealer's Financing license.

For Assistance -

If you have questions about this application or any other tax-related matter, information is available online at www.comptroller.texas.gov, or call 800-252-1382. Representatives are available to help you with questions, by phone, Monday through Friday (except Federal holidays), from 8:00 a.m. to 5:00 p.m.

General Instructions -

- Please do not separate pages.
- · Write only in white areas.
- · Completed and signed application should be mailed to

Comptroller of Public Accounts 111 E. 17th St. Austin, TX 78774-0100

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.

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 numbers listed on this form.

AP-169-1 (Rev.8-22/13)

TAE	Comptroller of Public	AP-169-2
×	Accounts FORM	AP-169-2 (Rev.8-22/13)

Texas Application for Motor Vehicle <u>Seller-Financed Sales</u> Tax Permit



	• Plea	se read instructions.	• Type or print.		• Do NOT write ir	shaded areas.	Page 1
	SOLE	E OWNER IDENTIFICATION					
_1	. Nam	e of sole owner (First name, n	niddle initial and last name)				
2	. Socia	al Security number (SSN)	Check here if you DO NC have a SSN.	Э.	Taxpayer number for reportin Number if you now have or have ever had one.	g any Texas tax OR Texas Ider	
1	NON-S	OLE OWNER IDENTIFICATIO	DN All sole ow	nors skir			
4	. Busir	ness organization type					
	🗌 Pr	rofit Corporation (CT, CF)	General Par	tnership (F	PB, PI)	Business Trust (TF)	f the truck
		onprofit Corporation (CN, CM)	Professiona		. ,	Trust (TR) Please submit a copy o agreement with this app	
		Limited Liability Company (CL, Cl) Business Association (AB, AC) Limited Partnership (PL, PF) Joint Venture (PV, PW) Professional Corporation (CP, CU) Holding Company (HF)				Real Estate Investment Tru	· · ·
						Joint Stock Company (ST, S	57)
		ther (explain)		iipaily (i ii	1		_
5	. Lega	I name of partnership, compar	ny, corporation, association, trust or	other			
6	. Taxpa	ayer number for reporting any T	exas tax OR Texas Identification Nun	nber if you	I now have or have ever had on	ie	
7	Fede	eral Employer Identification Nu	mber (FEIN) assigned by the Intern	al Reven	ue Service	1	
8		Sheck here if you do not have	an FEIN				
BUSINESS INFORMATION	9. M	ailing address					
MAT	Street n	number, P.O. Box or rural route and box r	number				1
ORI	City		State/prov	ince	ZIP code	County (or country, if outside the	U.S.)
INF							
ESS	10 N/	amo of porcon to contact road	rding day to day business operatior			Dautima nhana	
NISI		ame of person to contact rega	ruing day to day business operation	15		Daytime phone	1
BL							
		u are a SOLE OWNER, skip i		<i>с</i> .			
			corporation, nonprofit corporation, p r the file number issued by the Texa			Month Day	Year
	-	nd date					
			rofit corporation, nonprofit corporati number and date, Texas Certificate			ability company, enter the state	e or
			arter number Month			Authority number Month Day	Year
	13. lf	the business is a corporate en	tity, have you been involved in a me	erger with	in the last seven years?	ES NO If "YES," attac	
NO			ership or registered limited liability		: 	State Number	
ATI		• •	e and registered identification numl s - Attach additional sheets, if neces		[[
RN			dual, enter the SSN of the individua				
NFO	Na	ame		Title		Phone (Area code and number)	1
II N	Hc	ome address	City		State		
AΥE							
TAXPAYER INFORMATION	*s		ate of birth ^{Month Day Year} Percent of		Driver license number	State County (or country, if outsid	le the U.S.)
ΤA			ownership		_%		
	P	osition held: Partner	Officer Director		orate stockholder	cord keeper	
	Na	ame		Title		Phone (Area code and number)	
	Ho	ome address	City		State		
	*s	SSN or FEIN Da	te of birth ^{Ionth Day Year} Percent of		Driver license number	State County (or country, if outsid	le the U.S.)
			<u> </u>		_%		
	P	osition held: 🗌 Partner	Officer Director	Corp	orate stockholder	cord keeper	

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Please read instructions.	• Type or print.	•	Do NOT write in shade	ed areas. Pag
Legal name of owner (same as Item 1 or Iter	n 5)			
	existing business or business assets f known, enter the former owner's Texa	-	r.	t, skip to Item 21
18. Enter the former owner's legal na Legal name of former owner Address of former owner (Street and number,	city state ZIP code)		one (Area code and number)	
19. Check each of the following items				
Inventory Corporat		Real estate ate of purchase.	Other assets	
21. Enter the trade name, location ar Trade name of your business	nd dealer number for <u>all</u> your places of l	business. (Attach	additional sheets, if ne Business phone (Area c	• /
	nd number or directions - NOT P.O. Box or re		County	Dealer number
City Trade name of your business Location of your business (Use street a City Trade name of your business			Business phone (Area c	ode and number)
Location of your business (Use street a	nd number or directions - NOT P.O. Box or ru	ural route number.)		Dealer number
City	State ZIP co	ode	County	
			Business phone <i>(Area c</i>	
City	nd number or directions - NOT P.O. Box or ru State ZIP co	,	County	Dealer number
22. Do vou sell diesel-powered, on-ro		registered weight	exceeding 14,000 pou	
23. Enter the dealer number for your	primary location as assigned by the Te	exas Department o	f Motor Vehicles	
24. Enter the date of the first busines (The date cannot be prior to Oct.	ss operation in Texas subject to the Sell 1, 1993.)	ler-Financed Moto	Vehicle Receipts Tax	
authorized representative must sign t the application. (Attach additional she	n in this document and any attachment her, partner or officer	ubmit a power of a ts is true and corre	ttorney with	Date of application ur) knowledge and belief.
Type or print name and title of partner o	or officer	Partner or	officer	
Type or print name and title of partner of	or officer	Partner or	officer	
conduct business. A listing of link	o obtain an additional permit or licen s relating to acquiring licenses, pern also want to contact the municipality nts.	nits, and registra	tions from the State of	of Texas is available online