

TEXAS NEXUS QUESTIONNAIRE

Under Ch. 559, Government Code, you are entitled to review, request, and correct information we have on file about you, with limited exceptions in accordance with Ch. 552, Government Code. To request information for review or to request error correction, contact us at the address or toll-free number listed on this form.

1. Entity legal name and mailing address	<p style="text-align: center;">INTERNAL USE ONLY</p> Job type: ■ MI SCAPP T code: ■ 00991 Taxpayer number: ■ _____ Tax type and reason code: ■ 1324 Reference number: ■ _____ File number: _____
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2A. If the information printed above is incorrect, enter the correct information.				
Entity legal name			Business phone (Area code & number)	
Street Address or P.O. Box	City	State	ZIP Code	County Code
2B. Business name ("Doing Business As" or "DBA")				

3A. Federal E.I. Number	3B. Does the entity have any Texas tax permit number(s) issued by the Texas Comptroller of Public Accounts - (Sales, Use, Fuels, etc.)? <i>(If yes, please list.)</i>		
4. Type of business <i>(If "D" is checked, attach a list of general partners, names, FEIN, and addresses.)</i> <input type="checkbox"/> A. Corporation <input type="checkbox"/> B. Limited Liability Company <input type="checkbox"/> C. Sole Proprietorship <input type="checkbox"/> D. Partnership <input type="checkbox"/> E. Other _____			
5A. State of formation	5B. Date of formation	5C. Has the entity been involved in a merger within the last seven years? <i>(Attach a detailed explanation.)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	5D. Accounting year end
6. Do you have a Certificate of Authority to do business in Texas issued by the Texas Secretary of State (SOS)? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "YES," please provide the SOS file number and the date issued.)</i>			
SOS file number		Date issued	

7. Briefly describe the entity's business activities in Texas.		SIC code
8. Contact person and mailing address	9. Daytime phone <i>(Area code and number)</i>	
10. E-mail address		
11. Web site address		

12. Check the items you have located in Texas.		
<input type="checkbox"/> A. MANUFACTURING PLANT <input type="checkbox"/> B. OFFICE <input type="checkbox"/> C. WAREHOUSE <i>(owned or leased)</i> <input type="checkbox"/> D. RETAIL OUTLET	<input type="checkbox"/> E. REAL PROPERTY <input type="checkbox"/> F. PERSONAL PROPERTY <input type="checkbox"/> G. STOCK OF GOODS, INVENTORY <input type="checkbox"/> H. LEASED PROPERTY	<input type="checkbox"/> I. SPACE IN DEPT. OR CHAIN STORE <input type="checkbox"/> J. TERMINAL FACILITY <input type="checkbox"/> K. EMPLOYEES <input type="checkbox"/> L. INDEPENDENT REPRESENTATIVES

ANSWER THE QUESTIONS BELOW AS THEY PERTAIN TO THE LAST 7 YEARS.

	YES	NO	Date
13. Does the entity do any of the following in Texas <i>(If "YES," indicate beginning date.)</i>			
A. solicitation: have employees, independent contractors, agents, or other representatives in Texas to promote or induce sales of the entity's goods or services;	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _ _ _ _
B. services:			
1. provide any service in Texas (regardless of whether the employees, independent contractors, agents, or other representatives performing the services reside, have a home office or have a place of business in Texas);	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _ _ _ _
2. install, erect, modify, maintain, or repair real or personal property in Texas; or	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _ _ _ _
3. do warranty work in Texas, regardless of whether such warranty work is done by a third party.	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _ _ _ _
C. place of business: maintain a place of business in Texas;	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _ _ _ _

