

TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157 www.tdlr.texas.gov

PROPERTY TAX PROFESSIONALS TAXING ENTITY APPLICATION INSTRUCTIONS

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER.

- NAME OF TAXING ENTITY Write the legal name of your taxing entity.
- 2. NAME OF CONTACT PERSON Write the name of a person we can contact about your business.
- 3. <u>BUSINESS MAILING ADDRESS</u> Write the current mailing address for your business. This is the address where we will send your business mail. A post office box can be used for this address. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
- 4. <u>BUSINESS PHYSICAL ADDRESS</u> Write the physical address for your business. This address cannot be a post office box.
- BUSINESS PHONE NUMBER Write a telephone number, including the area code, of your business.
- 6. TAXING ENTITY EMAIL ADDRESS Write the email address for your business.
- 7. BUSINESS FAX NUMBER Write a telephone number where your business can receive faxes.
- 8. <u>CONTACT PERSON EMAIL ADDRESS</u> Write the email address for the contact person. Please provide your email address so the department may email license information and required notices to you. Your email address is confidential pursuant to the Texas Public Information Act, and the department will not share it with the public.
- TAX IDENTIFICATION NUMBER Write the tax ID number for your taxing entity that was issued by the comptroller of public accounts.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

TDLR P.O. Box 12157 Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. Do not send cash.

Q[¦Áœååãā[}æḥÁs-[¦{æaā[}Áeò}åÁ`^•cā[}•ÊÁçããó ðó @Á<u>TDLR website</u>Á;¦Á^æ&@ÓÔ`•d[{^¦ÁÛ^¦çã&^ÁçãæÁ,^à-[¦{ÈÁV@^Á <u>webform</u>Á¸āl|Áeò|[¸Á[`Á[Ár`à{ãóÁ[`¦Á^``^•cÁ[¦Áæ••ãicæ)&^Áæò}åÁs]&|`å^Áææcæ&@ ^}o•Á;^^å^åÅÈÔ`•d[{^¦ÁÛ^¦çã&^Á Ü^]¦^•^}cæão;^•Áæò¸Áæçæápæà|^ÁT[}åæ∂Ás@[`*@ÁZĴãåæÁ碢&|`åā]*Á@|ãåæ6•DÁæÁÇÌ€€D €HĒJG€€ÁÇĀ Ácææ^Á;}|^DÁÁÇÌFGDÁ IÎHĒÍÍJJÊÄ;¦ÁÜ^|æÁ/^¢æ ĖZÖÖKÁÇÌ€€D HÍĒGJÌJÈ

TDLR Public Information Act Policy:

This document is subject to the Texas Public Information Act. With certain exceptions, information in this document may be made available to the public. For more information, view the <u>TDLR Public Information Act</u> <u>Policy</u>.



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Provide one of the following:

 documentation from the Texas Comptroller of Public Accounts that indicates your taxing entity is authorized to collect or appraise for ad valorem tax purposes; or

I. Name of Taxing Entity:			
2. Name of Contact Person:			
Last	First	Middle Initial	Suffix (JR, SR, III)
B. Business Mailing Address: (Used to rece	eive mail from TDLR) (A PO box can be used for this a	address)	
Number, Street Name, Suite Number			
Number, Street Name, Suite Number			
	State	Zip Code	
City		Zip Code	
City		Zip Code	
City 4. Business Physical Address: (This addre		Zip Code	
Number, Street Name, Suite Number City 4. Business Physical Address: (This addre		Zip Code	
City 4. Business Physical Address: (This addre		Zip Code Zip Code	
City 1. Business Physical Address: (This addre	ess cannot be a PO box) State	Zip Code	
City 1. Business Physical Address: (This address) Number, Street Name, Suite Number City	ess cannot be a PO box)	Zip Code	
City I. Business Physical Address: (This address) Number, Street Name, Suite Number	State 6. Taxing Entity Email A	Zip Code	mation
City 1. Business Physical Address: (This address) Number, Street Name, Suite Number City 5. Business Phone Number:	State 6. Taxing Entity Email A	Zip Code ddress: a) See instruction sheet for disclosure infor	mation