

Certification of Eligibility to Request Data from the Alcohol Sales Report

Wholesalers, Distributors and Non-Resident Sellers may use this form to register to receive an electronic file of information about products they sell or distribute in Texas. The completed form should be mailed to the address below.

1.	Legal name of requesting entity <input style="width: 90%;" type="text"/>
2.	Federal Employer Identification Number (FEIN) of requesting entity (assigned by the Internal Revenue Service for reporting federal income taxes) <input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>
3.	Enter a current or past 11-digit Texas taxpayer number under which the entity reported taxes or fees to the Texas Comptroller of Public Accounts <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>
4.	Enter a current or past 11-digit Texas vendor or payee number issued to the entity (Texas Identification Number/TIN) <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>
5.	Qualifying TABC Permit Number(s) <i>(List all W, X, LX, S, BB, BD or BC permits and licenses held by this entity.)</i> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/>
6.	Mailing address of requesting entity Street number and name, P.O. Box or rural route and box number Suite/Apt. # <input style="width: 90%;" type="text"/> City State/province ZIP code County (or country, if outside the U.S.) <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/>
7.	Contact person <input style="width: 90%;" type="text"/>
8.	Daytime phone (Area code and number) <input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>
9.	Email address <input style="width: 90%;" type="text"/>

Certification

<input type="checkbox"/> I understand and accept the following terms: <i>(Please read the following statements carefully.)</i>		
1. I certify that I hold an active permit or license under Chapter 19, 20, 21, 37, 64, 65 or 66, Texas Alcoholic Beverage Code, as required by Section 111.006(h)(1), Texas Tax Code, in order to make this request.		
2. I certify that this request relates only to information regarding the sale of a product distributed by me, as required by Section 111.006(h)(2), Texas Tax Code.		
3. I certify that all information and statements provided in connection with this request are true and correct.		
4. I understand that any misstatement or falsification of information made in connection with this request may be an offense under Section 37.10, Texas Penal Code, regarding knowingly making a false entry in a governmental record.		
<i>The sole owner, a general partner, managing member, officer or director must sign.</i>		
Type or print name of sole owner, partner, member, officer or director	Title	<i>Mail completed form to</i> Comptroller of Public Accounts Attn: Audit Division - RITS P.O. Box 13528 Austin, TX 78711-3528
Signature of sole owner, partner, member, officer or director	Date	
		