

For Comptroller's use only

Application for Texas Identification Number

• See instructions on back

1. Is this a new account? YES Mail Code 000 Complete Sections 1 - 5 NO Enter Mail Code _____ Agency number _____ Complete Sections 1, 2 & 5

Section 1

2. Texas Identification Number (TIN) - Indicate the type of number you are providing to be used for your TIN

Employer Identification Number (EIN) (9 digits) Enter the number indicated 7 4 2 7 0 0 0 9 5

Social Security number (SSN) (9 digits)

Individual Taxpayer Identification Number (ITIN) (9 digits)

Comptroller's assigned number (FOR STATE AGENCY USE ONLY) (11 digits)

Current Texas Identification Number (FOR STATE AGENCY USE ONLY) (11 digits)

3. Are you currently reporting any Texas tax to the Comptroller's office such as sales tax or franchise tax? YES NO If "YES," enter Texas Taxpayer Number 1 7 4 2 7 0 0 0 9 5 9

Section 2

Payee Information (Please type or print)

4. Name of payee (Individual or business to be paid)
FRIENDS OF GUADALUPE RIVER STATE PARK / HONEY CREEK SNA

5. Mailing address where you want to receive payments
3350 PARK ROAD 31

6. (Optional) _____

7. (Optional) _____

8. (Optional) _____

9. City **SPRING BRANCH** State **T X** ZIP code **7 8 0 7 0 - 0 0 0 0**

10. Payee telephone number (Area code and number) 2 1 0 5 0 5 - 2 9 3 6 SIC code _____ Security type code (0, 1, 2) Zone code _____

Section 3

11. **Ownership Codes** - Check only one code by the appropriate ownership type that applies to you or your business.

I - Individual Recipient (not owning a business)

S - Sole Ownership (Individual owning a business): If checked, enter the owner's name and Social Security number (SSN)
Owner's name _____
SSN / ITIN (9 digits) _____

P - Partnership: If checked, enter two partner's names and Social Security numbers (SSN). If a partner is a corporation, use the corporation's Employer Identification Number (EIN).
Name _____
SSN / ITIN / EIN (9 digits) _____
Name _____
SSN / ITIN / EIN (9 digits) _____

L - Texas Limited Partnership: If checked, enter the Texas File Number _____

T - Texas Corporation: If checked, enter the Texas File Number 0 1 3 0 4 4 1 8 0 1

A - Professional Association: If checked, enter the Texas File Number _____

C - Professional Corporation: If checked, enter the Texas File Number _____

O - Out-of-State Corporation

G - Governmental Entity

U - State agency / University

F - Financial Institution

R - Foreign (out of U.S.A.)

N - Other: If checked, explain. _____

Section 4

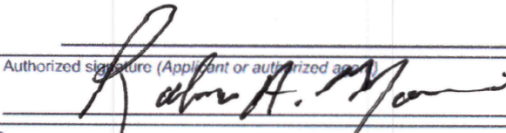
12. Payment Assignment? YES NO Note: A copy of the assignment agreement between payees must be attached.

Assignee name _____

Assignee TIN _____ Assignment date _____

Section 5

13. Comments _____

14. **sign here** Authorized signature (Applicant or authorized agent)  Date 03/08/2023

15. Agency name **FRIENDS OF GRSP / HC SNA** Prepared by **BOB MORRIS** Phone (Area code and number) **210-505-2936**