


Application for Texas Identification Number

• See instructions on back

For Comptroller's use only

1. Is this a new account? <input type="checkbox"/> YES Mail Code 000 <input type="checkbox"/> NO Enter Mail Code _____ Agency number _____ Complete Sections 1 - 5 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 <input type="checkbox"/> Employer Identification Number (EIN) (9 digits) <input type="checkbox"/> Social Security number (SSN) (9 digits) Enter the number indicated _____ <input type="checkbox"/> Individual Taxpayer Identification Number (ITIN) (9 digits) <input type="checkbox"/> Comptroller's assigned number (FOR STATE AGENCY USE ONLY) (11 digits) <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES," enter Texas Taxpayer Number _____	
Section 2	Payee Information (Please type or print) 4. Name of payee (Individual or business to be paid) _____ 5. Mailing address where you want to receive payments _____ 6. (Optional) _____ 7. (Optional) _____ 8. (Optional) _____ 9. City _____ State _____ ZIP code _____ 10. Payee telephone number (Area code and number) _____ 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> I - Individual Recipient (not owning a business) <input type="checkbox"/> 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) _____ <input type="checkbox"/> 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) _____ <input type="checkbox"/> N - Other: If checked, explain. _____ </div> <div style="width: 48%;"> <input type="checkbox"/> L - Texas Limited Partnership: If checked, enter the Texas File Number _____ <input type="checkbox"/> T - Texas Corporation: If checked, enter the Texas File Number _____ <input type="checkbox"/> A - Professional Association: If checked, enter the Texas File Number _____ <input type="checkbox"/> C - Professional Corporation: If checked, enter the Texas File Number _____ <input type="checkbox"/> O - Out-of-State Corporation <input type="checkbox"/> G - Governmental Entity <input type="checkbox"/> U - State agency / University <input type="checkbox"/> F - Financial Institution <input type="checkbox"/> R - Foreign (out of U.S.A.) </div> </div>
Section 4	12. Payment Assignment? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>Note: A copy of the assignment agreement between payees must be attached.</i> Assignee name _____ Assignee TIN _____ Assignment date _____
Section 5	13. Comments _____ 14.  _____ <div style="display: flex; justify-content: space-between;"> Authorized signature (Applicant or authorized agent) Date </div> <div style="display: flex; justify-content: space-between;"> Agency name Prepared by Phone (Area code and number) </div> 15. _____

Application for Texas Identification Number Instructions

GLENN HEGAR**TEXAS COMPTROLLER OF PUBLIC ACCOUNTS**

Who Must Submit This Application

This application must be submitted by every person (sole owner, individual recipient, partnership, corporation or other organization) who intends to bill agencies of the state government for goods, services provided, refunds, public assistance, etc. When the application is processed by the state agency with which the applicant is conducting business, a Texas Identification Number (TIN) will be assigned and will be required on all maintenance and payment requests submitted by state agencies.

For Assistance

For assistance in completing this application, contact the state agency from which the form was received or obtained. The applicant must return the completed application to the state agency with which the applicant is conducting business.

Note to State Agencies: When this form is used to set up additional mail codes after a TIN has been set up, Sections 1, 2 and 5 must be completed. See FMX's [TexPayment Resource](#) (TPR) for additional information. Call Payment Services at 512-936-8138 or by email at tins.mail@cpa.texas.gov if your agency has questions about the TPR requirements and/or needs assistance for their payees in completing the application or with processing the form.

General Instructions

- Do not use dashes when entering the 9-digit Employer Identification Number (EIN), Social Security number (SSN), or Individual Taxpayer Identification Number (ITIN).
- Disclosure of your Social Security number is required. This disclosure requirement has been adopted under the Federal Privacy Act of 1974 (5 U.S.C.A. sec. 552a(note)(West 1977), the Tax Reform Act of 1976 (42 U.S.C.A. sec. 405(c)(2)(C) (West 1992), TEX. GOV'T. CODE ANN. sec. 403.055 (Vernon 2005) and TEX. GOV'T. CODE ANN. sec. 403.056 (Vernon 2005). Your Social Security number will be used to help the Texas Comptroller of Public Accounts administer the state's tax laws and for other purposes. See Op Tex. Att'y Gen. No. H-1255 (1978).

Specific Instructions

Item 1: Is this a new account?

Select **YES** if the applicant has never received a payment from a Texas state agency and does not have an assigned TIN.

Select **NO** if the applicant has received payments from a Texas state agency and already has an assigned TIN.

Mail Code / Agency number – Will be entered by the state agency that processes the application.

Section 1 — Texas Identification Number

EIN: For all ownership codes other than Individual Recipient listed in Section 3, enter a 9-digit Employer Identification Number (EIN) issued by the Internal Revenue Service (IRS).

SSN: For individuals or sole owners who choose not to apply with their EIN, enter your 9-digit Social Security number (SSN) issued by the Social Security Administration.

ITIN: For individuals who do not qualify for an SSN, enter your 9-digit Individual Taxpayer Identification Number (ITIN) issued by the IRS.

Comptroller Assigned Number (FOR STATE AGENCY USE ONLY): This 11-digit Comptroller-assigned number is provided to a state agency that needs to pay a foreign entity or a foreign individual who does not have an EIN, SSN or ITIN.

Current Texas Identification Number (FOR STATE AGENCY USE ONLY): The 11-digit current Comptroller-assigned TIN.

Section 2 — Payee Information

Items 4-8: Enter the complete name and mailing address where payments are to be received. Names of individuals must be entered first name first, middle initial (if applicable), last name, suffix (if applicable). The name must not include a period (.), comma (,) or percent sign (%). Each line cannot exceed 50 characters including spaces. If the name is more than 50 characters, continue the name in Item 5 and begin the address in Item 6.

Item 9: Enter the city, state and ZIP code.

Item 10: Enter the payee telephone number.

SIC code / Security type code / Zone code – These fields will be completed by the state agency that will process the application.

Section 3 — Ownership Codes

Item 11: Check the box next to the appropriate ownership code and enter additional information requested by the selected code. Check only one box in this section. The Texas Secretary of State's office may be contacted at 512-463-5555 for information regarding Texas File Number required for codes L, T, A and C.

Section 4 — Payment Assignment

Item 12: Select **YES** if the payee is assigning its payments to a third party and the state agency that will process the application has approved the assignment request. Also, complete the following:

- Assignee name:** Provide the assignee's name as listed on the assignment agreement. **A copy of the agreement must be attached.**
- Assignee TIN:** Provide the assignee's EIN if it is a business entity or an SSN or ITIN for an individual.
- Assignment date:** Provide the date the assignment agreement was signed.

Select **NO** if the payee is not assigning its payments to a third party.

Section 5 — Comments and Identification

Item 13: Enter any additional information that may be helpful in processing this application. Items 14 and 15 are for identification purposes. Always complete the identification section, including comments and authorized signature.

Item 14: Authorized signature and Date. Sign the application, as required by the state agency that will process the form. Enter the date signed.

Item 15: Agency name, Prepared by, Phone: Will be entered by the state agency that will process the application.

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 phone numbers listed on this form.