

Texas Tax Questionnaire for Crude Oil and Natural Gas

T Code ■ **00990**

Tax type/Reason code ■ **2 0**

• Please read instructions.

• Type or print.

• Do not write in shaded areas.

1. Legal name of owner

 DBA (Operating name)

 Enter your name in this line only if you are a non-operating working interest owner taking your production in-kind

2. Mailing address
 Phone (Area code and number)
 - -
 City State ZIP code County

 Contact name Email address

3. Comptroller taxpayer number 4. Federal Employer Identification Number 5. Social Security number if sole owner

6. Do you currently have a Texas Vendor Identification number? YES NO If yes, enter Vendor number

7. Are you a subsidiary or division of another company? YES NO OR name of the parent company

8. Type of ownership (Check one)

Sole owner

Partnership
 File number Effective SOS Registration date

Texas corporation
 State File number Texas Certificate of Authority number Date

Foreign corporation (Non-Texas)
 State File number Texas Certificate of Authority number Date

Texas Limited Partnership
 File number

Foreign Limited Partnership
 State File number Texas Certificate of Authority number Date

Texas Limited Liability Company
 File number Effective SOS Registration date

Foreign Limited Liability Company
 State File number Texas Certificate of Authority number Date

Non-Operating Working Interest Owner Enter your working interest percentage:

9. Identification of owners: sole owner, all general partners or principal corporation officers (Attach additional sheets, if necessary.)

Name (First, middle initial, last) Social Security number Title
 Home address (Street and number) City State ZIP code

Name (First, middle initial, last) Social Security number Title
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Name (First, middle initial, last) Social Security number Title
 Home address (Street and number) City State ZIP code

10. Check the type of reports you will file and enter the month and year of your first sales and/or purchases.

Beginning year and month

<input type="checkbox"/>	<input type="text"/>	Crude Oil Purchaser (Monthly) (YY/MM)
<input type="checkbox"/>	<input type="text"/>	Crude Oil Producer
<input type="checkbox"/>	<input type="text"/>	Natural Gas Purchaser (Monthly) (YY/MM)
<input type="checkbox"/>	<input type="text"/>	Natural Gas Producer (Annual): Average monthly tax liability will be under \$200/month or under \$2400.00/year
<input type="checkbox"/>	<input type="text"/>	Natural Gas Producer (Monthly) (YY/MM): Average monthly tax liability will be over \$200/month or over \$2400.00/year

SUCCESSOR LIABILITY: If you purchased an existing business or business assets, complete items 11-14. If you did not, skip to Item 15.

11. Trade name Taxpayer number
12. Legal name of former owner (First, middle initial, last) Phone (Area code and number) Former owner's Texas taxpayer number (If known)
13. Address of former owner (Street and number, city, state and ZIP code)
14. Check each of the following items you purchased: Inventory Corporate Stock Equipment Real estate Other assets

Instructions for Completing Texas Tax Questionnaire for Crude Oil and Natural Gas

WHO MUST SUBMIT THIS APPLICATION -

This application must be submitted by every person (sole owner, partnership, corporation, or other organization) who produces and/or purchases crude oil and/or natural gas and non-operating working interest owners taking their production in-kind.

WHO TO CONTACT FOR ASSISTANCE -

If you have any questions concerning this application, filing tax returns, or any other tax-related matter, call 800-531-5441 ext.3-4455 or email at congtax@cpa.texas.gov.

GENERAL INSTRUCTIONS -

- Please write only in white areas.
- When entering a Social Security Number (SSN), Federal Employer Identification Number (FEIN), Texas Taxpayer number, or Vendor Identification Number (VIN), do not enter dashes.
- Disclosure of your SSN is required and authorized under law, for the purpose of tax administration and identification of any individual affected by applicable law. 42 U.S.C. §405(c)(2)(C)(i); Tex. Govt. Code §§403.011 and 403.078. Release of information on this form in response to a public information request will be governed by the Public Information Act, Chapter 552, Government Code, and applicable federal law.

SPECIFIC INSTRUCTIONS -

Item 1 - SOLE OWNER: Enter first name, middle initial, and last name.

PARTNERSHIP: Enter the legal name of the partnership.

CORPORATION: Enter legal name exactly as it is registered with the Secretary of State.

OTHER ORGANIZATION: Enter the title of the organization.

NON-OPERATING WORKING INTEREST OWNER TAKING PRODUCTION IN-KIND: Enter legal name.

Item 2 - Enter the mailing address where you wish to receive mail from the Comptroller of Public Accounts. If you wish to receive mail at a different address for other taxes, attach a letter with other addresses. Enter the correspondence contact and email address.

Item 3 - Enter your 11-digit Comptroller taxpayer number.

Item 4 - Enter the FEIN assigned to the business.

Item 5 - Enter SSN only if this is a sole owner.

Item 6 - If applicable, provide your VIN.

Item 7 - If applicable, provide the name or taxpayer number of this entity's parent company.

Item 8 - OTHER ORGANIZATION: Explain the type of organization. Examples: Social club, Independent School District, Family Trust, Joint Venture. NOTE: For Joint Venture list the managing partner (or the partner acting as the authorized agent for the venture) and the names of two other principal partners. Principal partners are those having the largest claim to a share of the venture's profits under the terms of the Joint Venture Agreement. A copy of the Joint Venture Agreement must be filed with this questionnaire if the agreement is available.

TEXAS CORPORATION: Enter the file number assigned by the Secretary of State and date of the filing.

FOREIGN CORPORATION: Enter the state in which business is incorporated, file number, and the Texas Certificate of Authority Number and date.

LIMITED PARTNERSHIP: Enter state in which partnership is registered and identification number.

TEXAS LIMITED LIABILITY COMPANY: Enter the file number assigned by the Secretary of State and filing date.

FOREIGN LIMITED LIABILITY COMPANY: Enter the state in which business is incorporated, the file number, and the Texas Certificate of Authority Number and date.

Item 9 - PARTNERSHIP: Enter information for all partners. If a partner is a corporation, enter the FEIN of the corporation.

CORPORATION or OTHER ORGANIZATION: Enter the information for the principal officers (president, secretary, vice-president).

Item 10 - CRUDE OIL PRODUCERS: If the taxes are not paid by the purchaser, please call us for permission to file monthly.

NATURAL GAS PRODUCERS: If average monthly tax liability is less than \$200 or an accumulated liability per year is \$2,400 or less, then reports must be filed annually.

Item 15 - The P-5 number is provided by the Railroad Commission of Texas after Form P-5 (Organization Report) is filed. The P-5 number is required by all oil and gas producers or operators and Form P-5 must be completed before the entity begins operations within the State of Texas. Non-operating working interest owners taking their production in-kind are not required to provide a P-5 number on this AP-134 form.

15. SIGNATURES The Sole owner, all general partners, corporate officer, or authorized representative must sign. (Attach additional sheets if necessary.)

Texas Railroad Commission P-5 number

Date of application for P-5 number

If you are a non-operating working interest owner, do not enter the Texas Railroad Commission P-5 number.

I (We) declare that the information in this document is true and correct to the best of my (our) knowledge and belief.

Type or print the name of the sole owner, general partner, corporate officer, or authorized representative

sign here ▶

Type or print the name of the sole owner, general partner, corporate officer, or authorized representative

sign here ▶

Type or print the name of the sole owner, general partner, corporate officer, or authorized representative

sign here ▶

Complete this application and mail to

COMPTROLLER OF PUBLIC ACCOUNTS
111 E. 17th Street
Austin, TX 78774-0100

Field office

E.O.

ACID

Date

You have certain rights under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at the address or number listed on this form.