

TEXAS USE TAX PERMIT



This permit is issued in accordance with the law governing the type of business specified and is the authorization to conduct business in Texas. The permit may be revoked for a violation of the provisions of the applicable law and/or any rules adopted by the Comptroller to administer the law.

Taxpayer number
3-20791-0195-5
Effective date
07/07/2021

GLENN HEGAR
Texas Comptroller

TEX. TAX CODE ANN. CH. 151

Taxpayer name and mailing address

BYRON VON ROSENBERG
3814 OLDE MILL DR
BYRNES MILL MO 63051-1235

[Signature]
GLENN HEGAR
Comptroller of Public Accounts

NAICS CODE: 611699
All Other Miscellaneous Schools and Instruction
THIS PERMIT IS NON-TRANSFERABLE

Detach here and display your permit only.

Is the information printed on this permit correct?

If not, please tell us in the space below.

- If your taxpayer name and/or mailing address are incorrect, enter the correct information.
- If you have received a Federal Employer Identification Number (FEIN), enter the number.
- If you are no longer in business, enter the date of your last business transaction.

If your permit is correct, DO NOT return this form.

If any corrections are required, please enter the correct information on this form and return it to:

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

Keep this permit until you receive a corrected permit.

NOTE: This form cannot be used if there has been a change of ownership. Please contact your local Comptroller's field office for this change and to obtain a new permit. Please see the back of this form for telephone numbers to call for assistance.

TEXAS USE TAX PERMIT

Taxpayer name shown on the permit: BYRON VON ROSENBERG
Taxpayer number shown on the permit: 3-20791-0195-5

Please enter only the information that has to be corrected.

Correct taxpayer name: _____ Daytime phone (Area code and number): _____

Correct mailing address: _____

State: _____ ZIP code: _____ FFI number: _____

If you are no longer in business, enter the date of your last business transaction: _____

For additional information, see the back of this form.

Signature of taxpayer or authorized agent: _____ Date: _____

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

Comptroller use only
Job name: MISCAPP
Microfile: 00991
Reference number: 011
Taxpayer number change: 01000
Master name correction AND Master mailing address change AND Master phone number add/change: XUMAST
DOB tax permit: XUSTAT