

TEXAS SALES AND USE TAX PERMIT

This permit is not transferable, and this side must be prominently displayed in your place of business

Retailers: A seller may NOT accept a corresale certificate. A certificate TAXPAYER NAME, BUSIN WESTERN PACKAGING	You must obtain a new permit if there is a change of ownership, location, or business location name. Type of permit SALES AND USE TAX	
WESTERN PACKAGING 2301 CROWN CT IRVING	TX 75038-4305	Taxpayer number 1-20-1886187-7 Location number 00003
WE SHOW THIS BUSINESS IN THE F	aneous Durable Goods Merchant Wholesalers FOLLOWING LOCAL SALES TAX AUTHORITIES:	First business date of location 01/01/2021
CITY: IRVING TRANSIT: DALLAS MTA	EFF: 01/01/2021 EFF: 01/01/2021	The Hogar

You may need to collect sales and/or use tax for other local taxing authorities depending on your type of business.

For additional information, see "Collecting Local Sales and Use Tax" section on the back of this document.

If you have any questions regarding sales tax, visit our website at www.comptroller.texas.gov or call us at 1-800-252-5555.

Detach here and prominently display your permit only. Retain the portion below for your records.

01-900 0

000000000

Is the Information Printed on this Permit Correct?

The information printed on your permit is public information. It must be accurate and current. If there is an error, make corrections on the form below. Enter the correct information for incorrect items only. Detach the form and mail it to:

Comptroller of Public Accounts 111 E. 17th Street Austin, TX 78774-0100

More helpful information about your permit is on the back of this document.

Texas Sales and Use Tax Permit Corrections Form

Taxpayer name shown on the permit WESTERN PACKAGING			If you r	need to make changes to	
Taxpayer number shown on the permit . 12018861877	Location num	Location number shown on the permit 00003		your local sales tax authorities or to the NAICS code printed	
Correct business location name			on your	r permit, see information he back of this form.	
Correct business location (no P.O. Box or directions accepted)					
•					
City	State	ZIP code	County	County	
0			County	ž	
Correct taxpayer name	me phone <i>(Area co</i>	ide and number)			
0		,		de and namber)	
Correct mailing address					
•					
City	State	ZIP code	Federal Emp	Federal Employer Identification Number	
•			r ederal Emp		
If you are no longer in business , enter the date of your last business transaction.				THE COLL	
sign Taxpayer or authorized agent		Date	Date Signature of the state of		