

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 copy of this permit in lieu of a properly completed exemption or resale certificate. A certificate is necessary to document why tax is not collected on a sale. TAXPAYER NAME, BUSINESS LOCATION NAME, and PHYSICAL LOCATION SUMIT AND BROTHERS SUPPLIERS INC TRUST MART 3223 N STATE LINE AVE TEXARKANA TX 75503-3735 BOWIE COUNTY NAICS: 445120 Convenience Stores			
		First business date of location 05/01/2024	
WE SHOW THIS BUSINESS IN THE FOLLO CITY: TEXARKANA COUNTY: BOWIE	WING LOCAL SALES TAX AUTHORITIES: EFF: 05/01/2024 EFF: 05/01/2024	Glenn Hegar Comptroller of Public Accounts	

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.

01-300-P4

000000239

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

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Taxpayer name shown on the permit SUMIT AND BROTHERS SUPPLIERS	INC			eed to make changes to	
Taxpayer number shown on the permit 32093268707	Location numb	Location number shown on the permit 00001		or to the NAICS code printed	
Correct business location name				on your permit, see information on the back of this form.	
Correct business location (no P.O. Box or directions accept	ted)				
•					
City	State	ZIP code	County		
•					
Correct taxpayer name Daytim			Daytime phone (Area co	ne phone (Area code and number)	
•					
Correct mailing address					
•					
City	State	ZIP code	Federal Emp	al Employer Identification Number	
•					
				THE COL	
If you are no longer in business, enter the date of	your last business trans	action.			
sign Taxpayer or authorized agent	Date		THE XAS		