For additional information If you have any questions regardir	s and/or use tax for other local taxing authorities depend s, see "Collecting Local Sales and Use Tax" section on the ng sales tax, visit our website at www.comptroller.texas.g inently display your permit only. Retain the portion b	he back of this document. gov or call us at 1-800-252-5555.
		enn Hegar mptroller of Public Accounts
NAICS: 454110 Electronic Shopping WE SHOW THIS BUSINESS IN THE FOLLOW CITY: ALVIN COUNTY: BRAZORIA	g and Mail-Order Houses WING LOCAL SALES TAX AUTHORITIES: EFF: 02/01/2022 EFF: 02/01/2022	02/01/2022 10 Howa
609 N FAIRVIEW CIR ALVIN BRAZORIA COUNTY	TX 77511-2635	Location number 0000 1 First business date of location
TERISA BLANCHETTE CREATIVE STROKE CREATIONS		Taxpayer number 3-20832-2104-7
resale certificate. A certificate is neces	is permit in lieu of a properly completed exemption or ssary to document why tax is not collected on a sale. DCATION NAME, and PHYSICAL LOCATION	You must obtain a new permit if there is a change of ownership, location, or business location name. Type of permit

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 TERISA BLANCHETTE					If you need to make changes to	
Taxpayer number shown on the permit 32083221047	Location number shown on the permit 0000 1			your local sales tax authorities or to the NAICS code printed		
Correct business location name		К		-	permit, see information ne back of this form.	
Correct business location (no P.O. Box or directions accepted)						
••						
City	State	ZIP code	Co	ounty		
•						
Correct taxpayer name Daytime phone (Area code and number)				le and number)		
•		×				
Correct mailing address						
•					1 10	
City	State	ZIP code Federa		ederal Emplo	ral Employer Identification Number	
•	×		2			
If you are no longer in business , enter the date of your last business transaction.					STHE CONTE	
sign Taxpayer or authorized agent	¥	Date				
nere r		1			EXAP	

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