

# TEXAS TAXPAYER QUESTIONNAIRE

• **NOTE: This questionnaire is for information only. It is NOT a tax permit application.**

• **WRITE IN WHITE AREAS ONLY**

1. Corporate name and mailing address  TALKORIGINS FOUNDATION INC 5914 HUMMINGBIRD ST HOUSTON, TX 77096-5828	<b>INTERNAL USE ONLY</b> Job type: ■ MISCAPP    T code: ■ 00991 Taxpayer number: ■ 3-20149-1655-8 Tax type and reason code: ■ 1324 Reference number: ■ _____ File number:                    0800335242
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2. If the information printed above is incorrect, enter the correct information.

Corporate name		Business phone (Area code & number)			
Street Address or P.O. Box		City	State	ZIP Code	County Code

3. ENTER THIS CORPORATION'S FEDERAL EMPLOYER'S IDENTIFICATION NUMBER ----- ■ 3311092765

Check here if you have applied for but not received your number.

4. Indicate your principal type of business

<input type="checkbox"/> Retailer	<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Manufacturer/Processor	<input type="checkbox"/> Service	<input type="checkbox"/> Construction	SIC
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Finance	<input checked="" type="checkbox"/> Other <u>NONPROFIT</u>		

Describe this corporation's principal business activity in detail. (Use additional sheet if necessary)

PUBLIC EDUCATION ABOUT BIOLOGY AND EVOLUTION VIA THE INTERNET

5. If this is a corporation chartered outside the State of Texas, enter the date the corporation started transacting business in Texas. -----

6. Does this corporation hold any Texas taxpayer numbers for reporting any Texas tax? -----  Yes  No

If "Yes," enter the type of tax and the taxpayer numbers (Enter the same numbers only once.)

TYPE OF TAX	TAXPAYER NUMBER

7. Was this business a sole ownership or partnership before incorporation? -----  Yes  No

8. Is this corporation taking over the assets and operation of an existing business? -----  Yes  No

If "Yes" is checked in Items 6 or 7, enter the following information for previous business or owner.

Name of previous owner	Texas taxpayer number (if available)
Business address of location(s) taken over	

**I declare that the information contained in this document and any attachments is true and correct to the best of my knowledge and belief.**

sign here <input type="checkbox"/> Corporation president or secretary <u>Kenneth J. Fair</u> KENNETH J. FAIR, SECRETARY	Bus. phone (with Area Code) (713) 283-7134	Date 7/14/2004
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Please complete this questionnaire and return to:  Comptroller of Public Accounts 111 E. 17th Street Austin, Tx 78774-0100	Thank you for your cooperation  <b>CAROLE KEETON STRAYHORN</b> COMPTROLLER OF PUBLIC ACCOUNTS
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