


Registration for Reporting Monthly Beverage Sales to Texas Retailers

1. Legal entity/taxpayer name (of the TABC permit or license holder)																												
2. Comptroller's 11-digit tax identification (ID) number (Leave blank ONLY if the entity does not have an ID number.)																												
<input type="checkbox"/> YES <input type="checkbox"/> NO																												
3. Does this taxpayer already have a PIN/password for the Retail Inventory Tracking System (RITS)?																												
4. TABC permit and license numbers (List all W, X, LX, BB, BD, B, BA, G, LP and BP permits and licenses held by this entity.)																												
<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black; width: 25%;"></td><td style="border-bottom: 1px solid black; width: 25%;"></td><td style="border-bottom: 1px solid black; width: 25%;"></td><td style="border-bottom: 1px solid black; width: 25%;"></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> </table>																												

Contact Information

Contact name (Type or print)	Title
Phone number (Area code and number)	Email address
Authorized signature 	Date

Return to Comptroller of Public Accounts
 ATTN: Audit Division - RITS Filer Response
 P.O. Box 13528
 Austin, TX 78711-3528

You have certain rights under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at 512-463-0959.