

TEXAS DIRECT PAYMENT SALES TAX PERMIT



SUSAN COMBS  
Texas Comptroller

This permit is issued in accordance with the law governing the type of business specified and is the authorization to conduct business in Texas. The permit may be revoked for a violation of the provisions of the applicable law and/or any rules adopted by the Comptroller to administer the law.  
TEX. TAX CODE ANN. CH. 151

Taxpayer number 1-34-0253240-5
Effective date 10/02/1968

Taxpayer name and mailing address

THE GOODYEAR TIRE & RUBBER COMPANY  
200 E INNOVATION WAY ATTN: TAX DEPT 616  
AKRON OH 44316-0001

*Susan Combs*  
SUSAN COMBS  
Comptroller of Public Accounts

THIS PERMIT IS NON-TRANSFERABLE

Detach here and display your permit only.

Is the information printed on this permit correct?

If not, please tell us in the space below.

- If your taxpayer name and/or mailing address are incorrect, enter the correct information.
- If you have received a Federal Employer Identification Number (FEIN), enter the number.
- If you are no longer in business, enter the date of your last business transaction.

If your permit is correct, **DO NOT** return this form.

If any corrections are required, please enter the correct information on this form and return it to:

COMPTROLLER OF PUBLIC ACCOUNTS  
111 E. 17th Street  
Austin, TX 78774-0100

Keep this permit until you receive a corrected permit.

NOTE: This form cannot be used if there has been a change of ownership. For this change and to obtain a new permit, please contact your local Comptroller's field office. For the telephone numbers to call for assistance, see the back of this form.

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Taxpayer name shown on the permit THE GOODYEAR TIRE & RUBBER COMPANY	Taxpayer number shown on the permit 1-34-0253240-5
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Please enter only the information that has to be corrected.

Correct taxpayer name .	Daytime phone (Area code and number) .		
Correct mailing address .			
City .	State .	ZIP code .	FEI number .

If you are no longer in business, enter the date of your last business transaction. ....

For additional information, see the back of this form.

sign here	Taxpayer or authorized agent	Date 1/2/75
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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 the address or phone number listed on this form.

Comptroller use only

Job name-MISCAPP  
Microfilm  
 00991  
 01  
Reference number  
Taxpayer number change  
• 01000  
Master name correction AND Master mailing address change AND Master phone number and change  
XUMAST  
OOB tax permit  
XUSTAT