

**TO:**

Certificate of No Tax Due  
Audit Division Headquarters  
Texas Comptroller of Public Accounts  
P.O. Box 13528  
Austin, TX 78711-3528

FAX: (512) 475-0349

**PLEASE FAX CERTIFICATE TO:**

Toll-Free Fax 1 (800) 637-2660

**MAIL COPY OF CERTIFICATE TO:**

Lawyers Escrow Company  
P.O. Box 25229  
Dallas, TX 75225

**SELLER INFORMATION**

Name of Seller	Phone (area code and number)
Address (Street & number, P.O. Box or Route number)	
City, State, Zip Code	
Texas Sales or Use Tax Permit Number	

**SELLER AUTHORIZATION**

I, the undersigned in my capacity as so listed, do hereby give my authorization to the Texas Comptroller of Public Accounts to release confidential tax information, including any and all sales tax information to Lawyers Escrow Company as Escrow Agent as it relates to the Buyers request for a Certificate of No Tax Due.

Print or type name (Officer, director or other authorized person)

Daytime phone (Area code and number)	Date
<b>sign here ▶</b>	Signature of officer, director, or other authorized person