Comptroller of Public Accounts FORM 40-141 (Rev.5-22/10)

*** INTERNET ***

a. T Code ■ 32650

b. ■

Civil Fees

- QUARTERLY REPORT -

• DO NOT WRITE IN SHADED AREAS

c. City / County identification number	f. Report for quarter ending	g.	e. Due date of report
■ 1-74-6001079-0	QUARTER ENDING 12-31-23	■ 234	01-31-24

City / County name and mailing address

d.
JOAN SARGENT
WALLER COUNTY
425 FM 1488 RD # 102
HEMPSTEAD TX 77445-9634

h. IMPORTANT
Blacken this box if your address has changed. Show changes by the preprinted information. → 1 ■ ☐

i. ■ j. ■

DESCRIPTION — SEE BACK FOR INSTRUCTIONS —	COLUMN 1 Number (#) issued/filed	COLUMN 2 TOTAL COLLECTED	COLUMN 3 AMOUNT DUE
1. Birth Certificate Fees	# ■ 301	$ ■ 541.80	1. $ 541.80
2. Marriage License Fees	■ 84	■ 2,520.00	2. 2,520.00
3. Declaration of Informal Marriage	■ 2	■ 25.00	3. 25.00
4. Juror Donations	■ 12	■ 240.00	4. 240.00
5. JP Consolidated Civil Fee	■ 76	■ 1,596.00	5. 1,596.00
6. Statutory Probate Court — 6a. Consolidated Civil Fee	■ 0	■ 0.00	6a. 0.00
6. Statutory Probate Court — 6b. Filing fee for other actions	■ 0	■ 0.00	6b. 0.00
7. Statutory County Court — 7a. Consolidated Civil Fee	■ 0	■ 0.00	7a. 0.00
7. Statutory County Court — 7b. Filing fee for other actions	■ 0	■ 0.00	7b. 0.00
8. Constitutional County Court — 8a. Consolidated Civil Fee	■ 0	■ 0.00	8a. 0.00
8. Constitutional County Court — 8b. Filing fee for other actions	■ 0	■ 0.00	8b. 0.00
9. District Court — 9a. Consolidated Civil Fee	# ■ 31	■ 4,247.00	9a. $ 4,247.00
9. District Court — 9b. Filing fee for other actions	# ■ 15	$ ■ 675.00	9b. $ 675.00
10. County Alternative Dispute Resolution Fund	# ■ 440.	$ ■ 4,340.00	10. $ 4,340.00
11. TOTAL OF LINES 1-10			11. ■ $ 14,184.80
12. TOTAL FROM LINE 9 OF CIVIL FEES SUPPLEMENT FORM 40-155 *(Repealed line items)*			12. ■ $ 1,319.00
13. TOTAL DUE FOR THIS PERIOD *(Total of Items 11 and 12)*			13. ■ $ 15,503.80

*** DO NOT DETACH *** DO NOT DETACH *** DO NOT DETACH ***

14. TOTAL AMOUNT DUE AND PAYABLE *(Same as Item 13)* ■ $ 15,503.80

City/County name
WALLER COUNTY

k. ■ l.

■ T Code ■ City/County identification no. ■ Period

32640 17460010790 234 0

For assistance call 800-531-5441, ext. 3-4276, or 512-463-4276.

I, *(type or print name)* JOAN SARGENT certify that the information above is true as shown in the records of the treasury of the city/county named.

sign here ▶ Authorized agent Joan Sargent

Title TREASURER Date 01-24-24

Phone number *(Area code and number)* 979-826-7707

Complete this report and make the amount in Item 12 payable to:
STATE COMPTROLLER

Mail to: COMPTROLLER OF PUBLIC ACCOUNTS
P.O. Box 149361
Austin, Texas 78714-9361

Comptroller of Public Accounts FORM 40-155 (5-22)

Civil Fees Supplement

- REPEALED FEES ONLY -

a. Taxpayer number	b. Filing period	c.	d. Due date
1-74-6001079-0	QUARTER ENDING 12-31-23	234	01-31-24

e. Taxpayer name: **WALLER CO**

DESCRIPTION — *SEE INSTRUCTIONS* —	COLUMN 1 Number (#) issued/filed	COLUMN 2 TOTAL COLLECTED	COLUMN 3 5% SERVICE FEE	COLUMN 4 AMOUNT DUE
1. Nondisclosure Fees	# 0	$ 0.00	$	1. $ 0.00
2. Justice Courts Filing Fee - Indigents Legal Services	0	0.00	0.00	2. 0.00
3. Statutory Probate Court — 3a. Filing Fee - Indigents Legal Services	0	0.00	0.00	3a. 0.00
3. Statutory Probate Court — 3b. Judicial Fund - Filing Fee	0	0.00		3b. 0.00
4. Statutory County Court — 4a. Filing Fee - Indigents Legal Services	0	0.00	0.00	4a. 0.00
4. Statutory County Court — 4b. Judicial Fund - Filing Fee	0	0.00		4b. 0.00
5. Constitutional County Court — 5a. Filing Fee - Indigents Legal Services	0	0.00	0.00	5a. 0.00
5. Constitutional County Court — 5b. Judicial Fund - Filing Fee	0	0.00		5b. 0.00
6. District Court — 6a. Divorce & Family Law cases *(Col. 3 is $0.25 times Col. 1)*	0	0.00	0.00	6a. 0.00
6. District Court — 6b. Other than Divorce/Family Law *(Col. 3 is $0.50 times Col. 1)*	11	550.00	5.50	6b. 544.50
6. District Court — 6c. Indigents Legal Services *(Sec.133.152)*	15	150.00	7.50	6c. 142.50
7. Judicial Support Fee	# 11	462.00		7. $ 462.00
8. Judicial and Court Personnel Training Fee	# 34	$ 170.00	$	8. $ 170.00
9. Total Due *(add this total on line 12 of Civil Fees Return, Form 40-141)*				9. $ 1,319.00

Comptroller of Public Accounts FORM 40-147 (Rev.8-19/7)

*** INTERNET ***

b.

Specialty Court Program Account

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 numbers listed on this form.

a. T Code ■ 32260

c. County Identification Number	d. Report for quarter ending *(mm/dd/yy)*	e.	f. Due date of report
■ 1-74-6001079-0	QUARTER ENDING 12-31-23	■	01-31-2024

County name and mailing address

g.
JOAN SARGENT
WALLER COUNTY
425 FM 1488 RD # 102
HEMPSTEAD, TX 77445-9634

h. IMPORTANT
Blacken this box if your address has changed. Show changes by the preprinted information. → 1 ■ ☐

i. ■

j. ■

A specialty court is defined in Gov. Code 772.0061(2)(A-D) as: Gov. Code, Chapter 122, family drug court program; Chapter 123, drug court program; Chapter 124, veterans court program; and Chapter 125, a mental health court program.

Code of Criminal Procedures Article 102.0178; ***Costs Attendant to Certain Intoxication and Drug Convictions.***

REPEALED EFFECTIVE JANUARY 1, 2020 - USE THIS FORM TO REPORT PREVIOUSLY ASSESSED COSTS THAT ARE COLLECTED AFTER JANUARY 1, 2020.

(a) In addition to other costs on conviction, a person shall pay $60 (Previously Drug Court Program Account, $50 for offenses between 6/15/07-12/31/09 or $60 for offenses on or after 1/1/10-8/31/2013) as a cost of court on conviction of an offense punishable as a Class B misdemeanor or any higher category of offense under:

(1) Chapter 49, Penal code (Intoxication and Alcoholic Beverage Offenses); or

(2) Chapter 481, Health and Safety Code (Texas Controlled Substance Act).

(e) A county is entitled to:

(1) if the custodian of the county treasury complies with subsection (d), retain 10 percent of the funds collected under this article by an officer of the county during the calendar quarter as a service fee; and

(2) if the county has established a drug court program or establishes a drug court program before the expiration of the calendar quarter, retain in addition to the 10 percent authorized by Subdivision (1) another 50 percent of the funds collected under this article to be used exclusively for the maintenance of drug court programs operated within the county.

County treasurers should use this form to report their county's collections of this court cost and to submit payment of the appropriate portion of these costs, for collections of costs assessed prior to the repeal of Code of Criminal Procedures Art. 102.0178 on January 1, 2020. No return is required if there are no collections to report.

1. Total amount of specialty court program fees collected	1. ■	$ 60.00
2. Amount retained (50%) for established specialty court programs within the county *(per CCP 102.0178(e)(2), 50% of Item 1, if applicable)*	2. ■	$ 0.00
3. Allowable service fee for timely filing *(per CCP 102.0178(e)(1), 10% of Item 1, if applicable)*	3. ■	$ 6.00
4. AMOUNT DUE THE STATE *(Subtract Items 2 and 3 from Item 1.)*	4. ■	$ 54.00

40-147
(Rev.8-19/7)

***** DO NOT DETACH ******

5. TOTAL AMOUNT OF PAYMENT *(Same as Item 4)*	5. ■	$ 54.00

County name
WALLER COUNTY

k. ■

l.

■ T Code ■ County identification no. ■ Period

32080

I, *(type or print name)* JOAN SARGENT certify that the information above is true and correct as shown in the records of the reporting office of the county named.

sign here ▶ Authorized agent Joan Sargent

Title TREASURER Date 01-24-24

Daytime phone *(Area code and number)* 979-826-7707

Complete this report and make the amount in Item 5 payable to:
State Comptroller

Mail to: Comptroller of Public Accounts
P.O. Box 149361
Austin, TX 78714-9361

For assistance call 800-531-5441, ext. 3-4276, or 512-463-4276.

Comptroller of Public Accounts FORM 40-145 (Rev.2-23/11)

*** INTERNET ***

a. T Code ■ 32630

b. ■

State Criminal Costs and Fees

• ***COUNTY QUARTERLY REPORT*** - *This report must be filed by the due date even if no payment is due. An amount or a zero (0) MUST be entered on all lines for Columns 1 and 3.*

c. County identification number: ■ 1-74-6001079-0

f. Report for quarter ending: QUARTER ENDING 12-31-23

g. ■ 234

e. Due date of report: 01-31-24

County name and mailing address

d.
JOAN SARGENT, CNTY TRES
WALLER COUNTY
425 FM 1488 RD # 102
HEMPSTEAD, TX 77445-9634

h. IMPORTANT
Blacken this box if your address has changed. Show changes by the preprinted information. → 1 ■ ☐

i. ■

j. ■

• ***See back for instructions.***
Repealed costs on lines 5, 7 and 11-19.

		Column 1 TOTAL COLLECTED (State court costs only) Dollars and cents	Column 2 SERVICE FEE (See instructions)		Column 3 AMOUNT DUE STATE (Col. 1 minus Col. 2)
SECTION I Reports for offenses committed	1. 01-01-2020 Forward ■	$ 55,476.56	5,547.66	1.	$ 49,928.90
	2. 01-01-04 --- 12-31-19 ■	1,829.51	182.96	2.	1,646.55
	3. 09-01-1991 --- 12-31-2003 ■	0.00	0.00	3.	0.00
	4. Bail Bond Fee (BB) ■	3,390.00	339.00	4.	3,051.00
	5. DNA Testing Fee - Juvenile (DNA JV) ■	0.00	*No Service Fee*	5.	0.00
	6. EMS Trauma Fund (EMS) ■	714.04	71.41	6.	642.63
	7. Juvenile Probation Diversion Fee (JPD) ■	0.00	0.00	7.	0.00
	8. State Traffic Fine (STF2) Sept. 1, 2019 fwd ■	22,246.71	(4%) 889.87	8.	21,356.84
	9. State Traffic Fine (STF) Prior to Sept. 1, 2019 ■	572.39	(5%) 28.62	9.	543.77
	10. Intoxicated Driver Fine ■	0.00	(4%) 0.00	10.	0.00
	11. Prior Mandatory Costs (JRF, IDF & JS combined) ■	587.77	58.78	11.	528.99
	12. Moving Violation Fees (MVF) ■	2.00	0.20	12.	1.80
	13. DNA Testing Fee - Felony Convictions (DNA) ■	1,010.48	101.05	13.	909.43
	14. DNA Testing Fee - MSDM & CS (DNA & CS) ■	374.01	37.41	14.	336.60
	15. Truancy Prevention & Diversion Fund (TPD)			15. ■	$ 39.07
	16. Failure to Appear/Pay (FTA) Report 2/3's of fees			16. ■	519.79
	17. Time Payment Fees (TP) Report 50% of fees			17. ■	157.99
	18. Judicial Fund - Constitutional County Court			18. ■	0.00
	19. Judicial Fund - Statutory County Court			19. ■	0.00
SECT. II As appl.	20. Peace Officer Fees *(Report 20% of fees from actions by state officers only.)*			20. ■	497.47
	21. Motor Carrier Weight Violations (MCW) (Report 50% of the fines collected.)			21. ■	6,809.50
	22. Driving Records Fee (DRF) *(Report 100% of fees collected.)*			22. ■	0.00
	23. Non-Suspension Fine (NSF) *(Report 100% of fine collected.)*			23. ■	0.00

24. TOTAL DUE FOR THIS PERIOD *(Total of Items 1 through 23 in Column 3.)* 24. ■ $ 86,970.33

*** DO NOT DETACH ***

25. TOTAL AMOUNT DUE AND PAYABLE *(Same as Item 24)* 25. ■ $ 86,970.33

County name: WALLER COUNTY

k. ■

l.

■ T Code ■ County identification no. ■ Period

32620 17460010790 234 4

For assistance call 800-531-5441, ext. 3-4276 or 512-463-4276.

I, *(type or print name)* JOAN SARGENT certify that the information above is true as shown in the records of the treasury of the county named.

sign here ▸ Joan Sargent

Title: TREASURER

Date: 01-24-24

Phone number *(Area code and number)*: 979-826-7707

Make the amount in Item 24 payable to: State Comptroller

Mail to: Comptroller of Public Accounts
P.O. Box 149361
Austin, TX 78714-9361

Comptroller of Public Accounts FORM 40-138 (Rev.1-19/8)

b.

Child Safety Seat and Seat Belt Violation Fines

a. T Code 32170

c. City/County Identification Number	d. Report for fiscal year ending	e.	f. Due date of report
1-74-6001079-0	12/31/2023		01-30-2024

City/County name and mailing address

g.
JOAN SARGENT
WALLER COUNTY
425 FM 1488 RD # 102
HEMPSTEAD, TX 77445-9634

h. IMPORTANT
Blacken this box if your address has changed. Show changes by the preprinted information. → 1

i.

j.

☐ Please check if fiscal year has changed from previous report

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 numbers listed on this form.*

- ***Report must be filed even if no payment is due.***

Transportation Code, Sections 545.412 (h) and 545.413 (b) and (j)

Notwithstanding Section 542.402(a), a municipality or county, at the end of the municipality or county's fiscal year, shall send to the Comptroller an amount equal to 50 percent of the fines collected by the municipality or the county for violations of sections 545.412 and 545.413 (b).

Municipal and county officials should use this form to submit payment of 50 percent of the fines collected on these violations during their fiscal year. This report is due 30 days after the end of the city or county's fiscal year.

1. Total amount of fines collected ..... 1. $ 2,126.18

X .50

2. Total amount of fines due the state *(Multiply amount in Item 1 by .50)* 2. 1,063.09

40-138
(Rev.1-19/8)

****** DO NOT DETACH ******

3. TOTAL AMOUNT OF PAYMENT *(Same as Item 2)* ..... 3. $ 1,063.09

City/County name
WALLER COUNTY

k.

l.

■ T Code ■ Identification no. ■ Period

32060 1-74-6001079-

I, (type or print name) **JOAN SARGENT** certify that the information above is true as shown in the records of the city or county named.

sign here ▶ Authorized agent Joan Sargent

Title **TREASURER** Date 01-24-24

Daytime phone *(Area code and number)* **979-826-7707**

Complete this report and make the amount in Item 3 payable to:
State Comptroller

Mail to: Comptroller of Public Accounts
P.O. Box 149361
Austin, TX 78714-9361

For assistance call 1-800-531-5441, ext. 3-4276, or 512-463-4276.

Comptroller of Public Accounts FORM 40-139 (Rev.10-21/7)

a. T Code ■ 32670

b. ■

SEXUAL ASSAULT / SUBSTANCE ABUSE PROGRAMS

c. County identification number	d. Report for quarter ending	e.	f. Due date of report
■ 1-74-6001079-0	12-31-2023	■	01-31-2024

County name and mailing address

g.
WALLER COUNTY
425 FM 1488 RD # 102
HEMPSTEAD TX 77445-9634

h. IMPORTANT
Blacken this box if your address has changed. Show changes by the preprinted information. → 1 ■ ☐

i.	j.
■	■

SEXUAL ASSAULT PROGRAM FUND *(Code of Criminal Procedure Art. 42A.653)*

If the court grants probation to a person convicted of an offense under Sections 21.08, 21.11. 22.021, 25.02, 25.06, 43.25 or 43.26 of the Penal Code, the court shall require as a condition of probation that the person pay to the supervising probation officer a fine of $5 each month during the period of probation. This fine is in addition to court cost or any other fee or fine imposed on the person. A court clerk or a community supervision department shall deposit the fines collected under Subsection (e) to be sent to the Comptroller no later than the last day of the month following a calendar quarter. The Comptroller shall deposit these funds in the Sexual Assault Program Fund under Section 420.008 of the Government Code.

Use supplement pages to list all fines collected. Enter the total number of supplement pages included on line 1, and the total amount of fines due on all supplement pages on line 2.

1. Number of Supplement pages (for Sexual Assault Program fines) 1. **1**

2. Total Fines Collected For Sexual Assault Program ..... 2. ■ $ **30.00**

SUBSTANCE ABUSE FELONY PROGRAM--Residential Aftercare Program *(Code of Criminal Procedure Art. 42A.303)*

If a judge requires as a condition of community service that the defendant serve a term of confinement and treatment in a substance abuse treatment facility under this section, the judge shall also require as a condition of community supervision that on release from the facility the defendant:

(1) participate in a drug or alcohol abuse continuum of care treatment plan; and
(2) pay a reimbursement fee in an amount established by the judge for residential aftercare required as part of the treatment plan.

A court clerk or a community supervision department shall deposit the payments made by defendants required to pay residential aftercare fees (under Subsection (c) (2)), to be sent to the Comptroller no later than the last day of the month following a calendar quarter.

Use supplement pages to list all fees collected. Enter the total number of supplement pages included on line 3, and the total amount of fees due on all supplement pages on line 4.

3. Number of Supplement pages (for Substance Abuse Felony Program fees) 3. **0**

4. Total Fees Collected for Substance Abuse Felony Program ..... 4. ■ $ **0.00**

5. TOTAL FINES AND FEES DUE FOR THIS PERIOD (Total of Item 2 and Item 4) ..... 5. ■ $ **30.00**

*** DO NOT DETACH *** DO NOT DETACH *** DO NOT DETACH ***

6. TOTAL AMOUNT DUE AND PAYABLE *(Same as Item 5)* ..... 6. ■ $

County name	k.	l.
WALLER COUNTY	■	

■ T Code ■ County identification no. ■ Period

32660 1-74-6001079-

For assistance call 800-531-5441, ext. 3-4276.
The Austin number is 512-463-4276.

I, *(type or print name)* **JOAN SARGENT** certify that the information above is true as shown in the records of the Treasury of the county named.

sign here ▶ Authorized agent Joan Sargent

Title **TREASURER** Date 01-24-24

Daytime phone *(Area code and number)* **979-826-7707**

Complete this report and make the amount in Item 6 payable to:
STATE COMPTROLLER

Mail to: COMPTROLLER OF PUBLIC ACCOUNTS
P.O. Box 149361
Austin, Texas 78714-9361

40-139 (Rev.10-21/7)

Comptroller of Public Accounts FORM 40-140 (9-03)

b.

SEXUAL ASSAULT / SUBSTANCE ABUSE PROGRAMS SUPPLEMENT

c. County identification number	d. Report for quarter ending	e.	f. Due date of report
1-74-6001079-0	12-31-2023		01-31-2024

g. County name: **WALLER COUNTY**

Please check appropriate box to indicate which Fund/Program Supplement page is reporting.

(NOTE: Use a separate supplement form(s) to report amounts from different funds/programs)

- [x] SEXUAL ASSAULT PROGRAM FUND
- [ ] SUBSTANCE ABUSE FELONY PROGRAM--Residential Aftercare Program

CASE NUMBER	NAME	FEE COLLECTED
19-08-16,9	Luke Austin Anderson	$ 10.00
20-03-17,2	Taylor Thomas Paustenbach	$ 10.00
20-07-17,3	Omar Magallon Jr	$ 10.00
		$
		$
		$
		$
		$
		$
		$
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		$
		$
		$
		$
		$
		$
		$
		$
TOTAL FOR THIS PAGE ONLY *If Sexual Assault Program Fund fees - include this amount in totals reported in Item 2 of Form 40-139.* *If Substance Abuse Felony Program Funds - include this amount in totals reported in Item 4 of Form 40-139.*		$ 30.00

Comptroller of Public Accounts FORM 40-151 (Rev.11-21/6)

*** INTERNET ***

b. ■

Electronic Filing System - State Fund

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 numbers listed on this form.

a. T Code ■ 32480

c. County Identification Number	d. Report for quarter ending *(mm/dd/yy)*	e.	f. Due date of report
■ 1-74-6001079-0	QUARTER ENDING 12-31-23	■ 234	01-31-24

County name and mailing address

g.
JOAN SARGENT
WALLER COUNTY
425 FM 1488 RD # 102
HEMPSTEAD TX 77445-9634

h. IMPORTANT
Blacken this box if your address has changed. Show changes by the preprinted information. → 1 ■ ☐

i. ■

j. ■

Government Code 51.851: *Electronic Filing Fee*

(b) In addition to other fees authorized or required by law, the clerk of the supreme court, a court of appeals, a district court, a county court, a statutory county court, or a statutory probate court shall collect a $30 fee on the filing of any civil action or proceeding requiring a filing fee, including an appeal, and on the filing of any counterclaim, cross-action, intervention, interpleader, or third-party action requiring a filing fee to be used as provided by Section 51.852 (assessed as $20 prior to Sept. 1, 2015). REPEALED for district court, county court, statutory county court and statutory probate court, effective January 1, 2022.

(c) In addition to other fees authorized or required by law, the clerk of a justice court shall collect a $10 fee on the filing of any civil action or proceeding requiring a filing fee, including an appeal, and on the filing of any counterclaim, cross-action, intervention, interpleader, or third-party action requiring a filing fee to be used as provided by Section 51.852. REPEALED, effective January 1, 2022.

(d) Criminal costs REPEALED effective January 1, 2020. Costs assessed on offenses prior to January 1st are still to be reported and remitted when they are collected by the county.

Lines 1 - 3 are ONLY to be used for reporting collected filing fees, dated prior to January 1, 2022. See (b)(c) above. Per Local Government Code 133.058(d), no service fees are allowed.

Filing Fees (Civil Cases)

1. District Court filing fees *(@ $30)*	1. ■	$ 450.00
2. County Courts filing fees *(Constitutional, Statutory and Statutory Probate Courts) (@ $30)*	2. ■	$ 0.00
3. Justice Courts filing fees *(@ $10)*	3. ■	$ 0.00
4. Total amount of filing fees collected *(All Courts)*	4. ■	$ 450.00

Criminal Costs on Convictions ($5 in all courts - not assessed after Dec. 31, 2019)

5. District Court convictions	5. ■	$ 3.81
6. County Courts convictions *(Constitutional and Statutory Courts)*	6. ■	$ 0.00
7. Total amount of criminal costs collected *(All Courts)*	7. ■	$ 3.81
8. TOTAL AMOUNT DUE *(Add Items 4 and 7)*	8.	$ 453.81

40-151
(Rev.11-21/6)

DO NOT DETACH

9. TOTAL AMOUNT OF PAYMENT *(Same as Item 8)*	9. ■	$ 453.81

County name
WALLER COUNTY

k. ■

l.

■ T Code ■ County identification no. ■ Period

32470 17460010790 234 5

I, *(type or print name)* JOAN SARGENT certify that the information above is true and correct as shown in the records of the reporting office of the county named.

sign here Authorized agent Joan Sargent

Title TREASURER Date 01-24-24

Daytime phone *(Area code and number)* 979-826-7707

Complete this report and make the amount in Item 9 payable to:
State Comptroller

Mail to: Comptroller of Public Accounts
P.O. Box 149361
Austin, TX 78714-9361

For assistance call 800-531-5441, ext. 3-4276, or 512-463-4276.

Comptroller of Public Accounts FORM 06-169 (12-18/5) Do Not Staple or Paper Clip

b. ■

Please do not write in space above

a. ■ **07120 Original Report**

TEXAS DYED DIESEL BONDED USER FUELS TAX REPORT

-- For 2004 and later

h. 2

c. Taxpayer number	d. Due date	e. Filing period	f.
■ 1-74-6001079-0	01/25/2024	QTR END 12/31/2023	■

1 ■ Blacken this box if your address has changed. Show changes by the preprinted information.

2 ■ Blacken this box if you are no longer in business and enter the last business date

g. Taxpayer name and mailing address

WALLER COUNTY
836 AUSTIN ST STE 316 NEW: 425 FM 1488, Suite 102
HEMPSTEAD, TX 77445-4673

i. ■ j. FM ■

WHO MUST FILE

Every licensed dyed diesel fuel bonded user must file this report. Failure to file this report and pay applicable tax may result in collection action as prescribed by Title 2 of the Tax Code.

WHEN TO FILE

This report must be filed on or before the 25th day of the month following each calendar quarter; or, on or before the 25th day of January if filing an annual report.

GENERAL INSTRUCTIONS

- Please TYPE or PRINT all information only in white areas.
- Complete all applicable items that are not preprinted.
- If any preprinted information is not correct, mark out the incorrect item and write in the correct information.
- ROUND ALL GALLONAGE FIGURES TO WHOLE GALLONS.

Print your numerals in boxes as shown 0 1 2 3 4 5 6 7 8 9

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.*

ENTER WHOLE GALLONS

1. Beginning physical inventory of dyed diesel fuel *This inventory must agree with your prior report's ending inventory*	1. ■	26,367
2. Tax-free purchases of dyed diesel fuel from license holders *Complete the "Texas Schedule of Tax-Free Purchases of Dyed Diesel Fuel," (Form 06-170), to obtain the necessary information for this item.*	2. ■	18,844
3. Loss by fire, theft, or accident *Enter the combined net total gallons lost by fire, theft or accident. Attach a letter explaining how the loss occurred.*	3. ■	0
4. Tax-free uses of dyed diesel fuel *(Enter the number of gallons of dyed diesel fuel used in a nontaxable manner.)*	4. ■	12,398
5. Taxable uses of dyed diesel fuel *(Enter the number of gallons of dyed diesel fuel used in a taxable manner.)*	5. ■	26,713
6. Ending inventory of dyed diesel fuel	6. ■	6,100
7. Tax due on net taxable gallons *(Multiply Item 5 by* **0.200** *)*	7. ■	5,342.60

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8. Penalty -- *If report is filed or tax paid after due date, enter the penalty. - 1-30 days late, enter 5% of Item 7. - more than 30 days late, enter 10% of Item 7. (Minimum penalty $1.00) NOTE: An additional $50 late filing penalty will be assessed each time a report is filed after the due date.*	8. $	
9. Interest -- *If any tax due is unpaid 61 days after the due date, enter interest on the amount in Item 7. Calculate interest at the rate published online at www.comptroller.texas.gov/ or call the Comptroller at (877) 447-2834, for the applicable rate.*	9. $	
10. TOTAL AMOUNT DUE AND PAYABLE *(Item 7 plus Items 8 and 9)*	10. ■ $	

Taxpayer name: **Waller County**

l. ■ m.

■ T Code ■ Taxpayer number ■ Period

Make the amount in Item 10 payable to **STATE COMPTROLLER.** Our mailing address is **P.O. Box 149357, Austin, TX 78714-9357.**

If you have any questions regarding fuels tax, you may contact the Texas State Comptroller's field office in your area or call (800) 252-1383 or (512) 463-4600.

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

sign here ▶ Authorized agent: Debbie A. Winslow

Preparer's name (Please print): Debbie A. Winslow

Daytime phone (Area code & number): 979-826-7670 Date: 01/11/2024

111 A

Comptroller of Public Accounts FORM 06-170 (Rev.1-19/5)

b. ■

86170000W011905

a. ■ 07195 Original

Texas Schedule of Tax-Free Purchases of Dyed Diesel Fuel

• *Type or print*

c. Taxpayer number ■ 17460010790

FUELS TAX QUESTION? CALL US 1-800-252-1383

d. Filing period ■ 232

e. Taxpayer name WALLER COUNTY

f. ■

1. Seller name			2. Seller taxpayer number
Petroleum Traders Corporation			■ 1-35-1462227-6
3. Product type	**4. Date removed**	**5. Shipping doc. no.**	**6. Invoiced gallons**
■ 228	■	■ SUM	■ 18844
1. Seller name			**2. Seller taxpayer number**
			■
3. Product type	**4. Date removed**	**5. Shipping doc. no.**	**6. Invoiced gallons**
■	■	■	■
1. Seller name			**2. Seller taxpayer number**
			■
3. Product type	**4. Date removed**	**5. Shipping doc. no.**	**6. Invoiced gallons**
■	■	■	■
1. Seller name			**2. Seller taxpayer number**
			■
3. Product type	**4. Date removed**	**5. Shipping doc. no.**	**6. Invoiced gallons**
■	■	■	■
1. Seller name			**2. Seller taxpayer number**
			■
3. Product type	**4. Date removed**	**5. Shipping doc. no.**	**6. Invoiced gallons**
■	■	■	■
1. Seller name			**2. Seller taxpayer number**
			■
3. Product type	**4. Date removed**	**5. Shipping doc. no.**	**6. Invoiced gallons**
■	■	■	■
1. Seller name			**2. Seller taxpayer number**
			■
3. Product type	**4. Date removed**	**5. Shipping doc. no.**	**6. Invoiced gallons**
■	■	■	■
1. Seller name			**2. Seller taxpayer number**
			■
3. Product type	**4. Date removed**	**5. Shipping doc. no.**	**6. Invoiced gallons**
■	■	■	■
1. Seller name			**2. Seller taxpayer number**
			■
3. Product type	**4. Date removed**	**5. Shipping doc. no.**	**6. Invoiced gallons**
■	■	■	■
1. Seller name			**2. Seller taxpayer number**
			■
3. Product type	**4. Date removed**	**5. Shipping doc. no.**	**6. Invoiced gallons**
■	■	■	■
1. Seller name			**2. Seller taxpayer number**
			■
3. Product type	**4. Date removed**	**5. Shipping doc. no.**	**6. Invoiced gallons**
■	■	■	■
1. Seller name			**2. Seller taxpayer number**
			■
3. Product type	**4. Date removed**	**5. Shipping doc. no.**	**6. Invoiced gallons**
■	■	■	■

TOTAL INVOICED GALLONS FOR ALL PAGES *(Enter on Item 2 of Texas Dyed Diesel Fuel Bonded User Tax Report, Form 06-169)* 18844

TOTAL INVOICED GALLONS *(Sum of Item 6)* **FOR THIS PAGE ONLY** ■