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Comptroller of Public Accounts FORM 05-163 (Rev.9-17/9)

# Texas Franchise Tax No Tax Due Report

**FILING REQUIREMENTS**

***The law requires No Tax Due Reports originally due on or after Jan.1, 2016 to be filed electronically. Filing this paper report means you are requesting, and we are granting, a waiver from the electronic reporting requirement for this report year ONLY.***

**Tcode** 13275 Final Franchise

| Taxpayer number | Report year | Due date |
|---|---|---|
| | 2021 | |

| | | | | |
|---|---|---|---|---|
| Taxpayer name | | | | Secretary of State file number or Comptroller file number |
| Mailing address | | | | |
| City | State | Country | ZIP code plus 4 | Blacken circle if the address has changed ○ |
| Blacken circle if this is a combined report ○ | | | | NAICS code |
| Blacken circle if Total Revenue is adjusted for Tiered Partnership Election, see instructions. *(Note: Upper tiered partnerships do not qualify to use this form.)* ○ | | | | Blacken circle to request a Certificate of Account Status ○ |

**If any of the statements below are true, you qualify to file this No Tax Due Report** *(Blacken all circles that apply.)*:

1. **This entity is a passive entity as defined in Texas Tax Code Sec. 171.0003.** *(See instructions.)* *(Passive income does NOT include rent.)* 1. ○
2. **This entity's annualized total revenue is below the no tax due threshold.** *(See instructions.)* 2. ○
3. **This entity has zero Texas Gross Receipts.** 3. ○
4. **This entity is a Real Estate Investment Trust (REIT) that meets the qualifications specified in Texas Tax Code Sec. 171.0002(c)(4).** 4. ○
5. **This entity is a new veteran-owned business as defined in Texas Tax Code Sec. 171.0005.** *(See instructions.)* *(Must have formed after Jan. 1, 2016 and must be pre-qualified.)* 5. ○

**6a. Accounting year begin date** 6a. m m d d y y

**6b. Accounting year end date** 6b. m m d d y y

7. **TOTAL REVENUE** *(Whole dollars only)* 7. . 00

| | |
|---|---|
| Print or type name | Area code and phone number ( ) - |
| I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief. | **Mail original to:** Texas Comptroller of Public Accounts P.O. Box 149348 Austin, TX 78714-9348 |
| sign here ▶ Date | |

Instructions for each report year are online at www.comptroller.texas.gov/taxes/franchise/forms/. If you have any questions, call 1-800-252-1381.

**Texas Comptroller Official Use Only**

| | |
|---|---|
| VE/DE | ○ |
| PM Date | |