



05-164
(Rev.9-15/8)

Texas Franchise Tax Extension Request

Tcode 13278 Final

<input checked="" type="checkbox"/> Taxpayer number	<input checked="" type="checkbox"/> Report year	Due date
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 <input type="checkbox"/>	
Blacken circle if this is a combined report <input type="checkbox"/>					

If this extension is for a combined group, you must also complete and submit Form 05-165.

**Note to mandatory Electronic Fund Transfer(EFT) payers:
When requesting a second extension do not submit an Affiliate List Form 05-165.**

1. Extension payment (Dollars and cents)

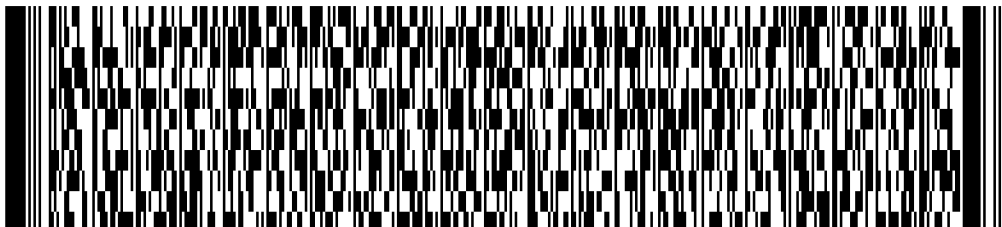
1.

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
	Date	

Instructions for each report year are online at www.comptroller.texas.gov/taxinfo/taxforms/05-forms.html. If you have any questions, call 1-800-252-1381.

Taxpayers who paid \$10,000 or more during the preceding fiscal year (Sept. 1 thru Aug. 31) are required to electronically pay their franchise tax. For more information visit www.comptroller.texas.gov/webfile/req_franchise.html.

Texas Comptroller Official Use Only



VE/DE	<input type="checkbox"/>
PM Date	<input type="text"/>

