RESET FORM PRINT FORM

Comptroller of Public Accounts FORM 05-164 (Rev.9-13/7)

Texas Franchise Tax Extension Request

FILING REQUIREMENTS

■ **Tcode** 13258 Annual Franchise

Taxpayer number	■ Report year	Due date
	2014	05/15/2014

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 ◯					

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
sign here ▶ Date	

If you have any questions regarding franchise tax, you may contact the Texas Comptroller's field office in your area or call 1-800-252-1381.
Instructions for each report year are online at www.window.state.tx.us/taxinfo/taxforms/05-forms.html.

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.window.state.tx.us/webfile/req_franchise.html.

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VE/DE	◯
PM Date	