

## **Texas Franchise Tax Extension Request**

## ■ Tcode 13258 Annual

Taxpayer number	Report year Due date		
Taxpayer name Mailing address			Secretary of State file number or Comptroller file number
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.

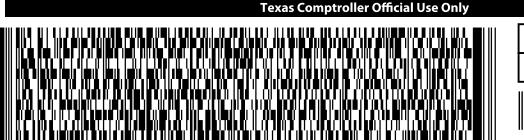
## Note to mandatory Electronic Fund Transfer(EFT) payers: When requesting a second extension do not submit an Affiliate List Form 05-165.

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	Mail original to: Texas Comptroller of Public Accounts					
sign here	Date	P.O. Box 149348 Austin, TX 78714-9348				

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.

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/taxes/franchise/filing-requirements.php.



VE/DE					
PM Date					