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Comptroller of Public Accounts FORM

05-164
(Rev.9-16/9)

Texas Franchise Tax Extension Request

FILING REQUIREMENTS

■ **Tcode** 13258 Annual Franchise

Taxpayer number	■ Report year	Due date
	2 0 1 9	05/15/2019

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	

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.

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VE/DE	◯
PM Date	