Comptroller of Public Accounts FORM (Rev.9-16/9)

Texas Franchise Tax Extension Request

■ Tcode 13258 Annual

■ Taxpayer number	■ Report year Du	ue date	
Taxpayer name Mailing address			Secretary of State file number or Comptroller file number
maning address		l	
City	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.

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1.	Extension payment (Dollars and cents)	1. ■	 1	4	l I		1	4	1		 : I	

Print or type name	Area code and phone	e number -			
I declare that the information in this document and any attachments is true and correct to the	Mail original to: Texas Comptroller of Public Account				
sign here	Date	1	3ox 149348 FX 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.

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PM Date									

