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

## **Texas Franchise Tax Extension Request**

■ Tax	payer	numb	er							■ R	eport y	year		Due date	2		
Taxpa	yer n	ame															Secretary of State file number or Comptroller file number
Mailin	ig add	dress															
City								2	tate			C	ountry		ZIP cod	e plus 4	Blacken circle if the address has changed ■
Black	en ci	rcle if	this i	s a co	mbin	ed re	port	$\bigcirc$									

If an online extension payment is made, the taxable entity should NOT submit a paper Extension Request (Form 05-164).

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.

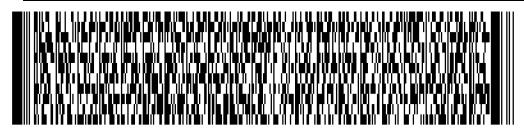
<ol> <li>Extension payment (Dollars and cents)</li> </ol>	ıL	ł	<b>.</b> .	,		,		,		<u> </u>

Print or type name		Area code and phone number  ( ) -
I declare that the information in this document and any attachments is to	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 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.

## Texas Comptroller Official Use Only



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PM Date									

