

Texas Franchise Tax Extension Request

Tcode 13278 Final

Taxpayer number										Report year				Due date	

Taxpayer name				Secretary of State file number or Comptroller file number	
Mailing address					
City		State	Country		ZIP code plus 4
Blacken circle if this is a combined report <input type="radio"/>					Blacken circle if the address has changed <input type="radio"/>


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. ■

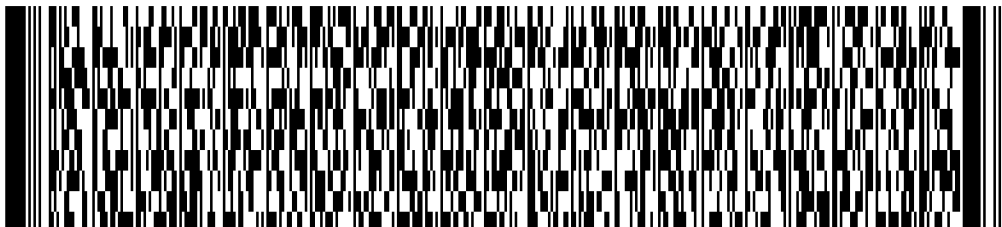
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Print or type name		Area code and phone number () -	
I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief.		Mail original to: Texas Comptroller of Public Accounts P.O. Box 149348 Austin, TX 78714-9348	
	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.

Texas Comptroller Official Use Only



VE/DE	<input type="radio"/>						
PM Date	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						

