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Comptroller of Public Accounts FORM 05-169 (Rev.9-11/5)

■ Tcode 13272 Final

Texas Franchise Tax EZ Computation Report

Annualized total revenue must be $10,000,000 or less to file this form

FILING REQUIREMENTS

Taxpayer number	■ Report year	Due date
	2009	

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 ◯	Blacken circle if Total Revenue is adjusted for Tiered Partnership Election, see instructions ◯		Blacken circle to request a Certificate of Account Status ■ ◯		

Accounting year begin date ** (m m d d y y)	Accounting year end date (m m d d y y)	SIC code	NAICS code

REVENUE *(Whole dollars only, items 1 -12)*

1.	**Gross receipts or sales**	1. ■ 0 0
2.	**Dividends**	2. ■ 0 0
3.	**Interest**	3. ■ 0 0
4.	**Rents** *(can be negative amount)*	4. ■ 0 0
5.	**Royalties**	5. ■ 0 0
6.	**Gains/losses** *(can be negative amount)*	6. ■ 0 0
7.	**Other income** *(can be negative amount)*	7. ■ 0 0
8.	**Total gross revenue** *(Add items 1 thru 7)*	8. ■ 0 0
9.	**Exclusions from gross revenue** *(see instructions)*	9. ■ 0 0
10.	**TOTAL REVENUE** *(item 8 minus item 9 if less than zero, enter 0)*	10. ■ 0 0
11.	**Gross receipts in Texas**	11. ■ 0 0
12.	**Gross receipts everywhere**	12. ■ 0 0
13.	**Apportionment Factor** *(Divide item 11 by item 12) (Round to 4 decimal places)*	13. ■
14.	**Apportioned revenue** *(Multiply item 10 by item 13) (Dollars and cents)*	14. ■
15.	**Tax due before discount** *(Multiply item 14 by 0.00575) (Dollars and cents)*	15. ■
16.	**Discount** *(See instructions)*	16. ■
17.	**TOTAL TAX DUE** *(item 15 minus item 16) (Do not include payment if this amount is less than $1,000)*	17. ■

Do not include payment if item 17 is less than $1,000 or if annualized total revenue is less than the no tax due threshold (see instructions).
If the entity makes a tiered partnership election, ANY amount in item 17 is due. Complete Form 05-170 if making a payment.

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

If you have any questions regarding franchise tax, you may contact the Texas Comptroller's field office in your area or call (800) 252-1381 or (512) 463-4600.
Instructions for each report year are online at www.window.state.tx.us/taxinfo/taxforms/05-forms.html.
** If not 12 months, see instructions for annualized revenue.

Texas Comptroller Official Use Only

VE/DE	◯
PM Date	