

S U S A N

C O M B S

TEXAS COMPTROLLER *of* PUBLIC ACCOUNTS

P.O. Box 13528 • AUSTIN, TX 78711-3528



May 31, 2007

RE:

Taxpayer Number:

Significant changes were made to the Texas franchise tax under House Bill 3 passed by the 79th Legislature, Third Called Session. Generally, these changes affect all franchise tax reports originally due on or after January 1, 2008.

All joint ventures, professional associations, limited partnerships and limited liability partnerships are subject to the franchise tax under this new law, as well as general partnerships with one or more partners that are not natural persons. These entities will be responsible for filing an annual franchise tax report on or before May 15, 2008.

To determine if your partnership will be subject to the franchise tax, we need updated partner information. Please complete the form on the back of this letter, and return it to our office at the address indicated no later than July 16, 2007. If you do not respond, we will presume that your partnership is subject to the franchise tax and will have an annual report due on May 15, 2008.

For assistance with completing this form, please call the Comptroller's office at (800) 252-1381, or call direct in Austin at (512) 463-4402. You may also e-mail the Comptroller's office at [tax.help@cpa.state.tx.us](mailto:tax.help@cpa.state.tx.us). More information about franchise tax is available on our Web site at: [www.window.state.tx.us/taxinfo/franchise/index.html](http://www.window.state.tx.us/taxinfo/franchise/index.html).

I hope this information is helpful. Please let us know if we can be of any further assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Bryant K. Lomax".

Bryant K. Lomax  
Manager, Tax Policy Division

Entity name	Texas taxpayer number (11-digit number issued by the Comptroller of Public Accounts)
Mailing address (Include street, city, state and ZIP code)	_____ If you do not have a Texas taxpayer number, please call us at (800) 252-5555.
Entity type <input type="checkbox"/> LIMITED PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> OTHER _____	State of formation

If the entity is a partnership (general, limited or limited liability) or a joint venture, please enter the information requested below for each person or entity that owns an interest in the partnership or joint venture. An authorized person must sign for each partner listed. If one person is authorized to sign for all the partners, then that person may sign only once at the bottom of the form. Please attach additional sheets, as necessary.

Partner's name	Partner type <input type="checkbox"/> GENERAL <input type="checkbox"/> LIMITED	FEIN or SSN	Percentage of ownership _____ %
Mailing address (Include street, city, state and ZIP code)			
<b>sign here</b> Signature	Printed name	Title	

Partner's name	Partner type <input type="checkbox"/> GENERAL <input type="checkbox"/> LIMITED	FEIN or SSN	Percentage of ownership _____ %
Mailing address (Include street, city, state and ZIP code)			
<b>sign here</b> Signature	Printed name	Title	

Partner's name	Partner type <input type="checkbox"/> GENERAL <input type="checkbox"/> LIMITED	FEIN or SSN	Percentage of ownership _____ %
Mailing address (Include street, city, state and ZIP code)			
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Mailing address (Include street, city, state and ZIP code)			
<b>sign here</b> Signature	Printed name	Title	

Please return the form in the envelope enclosed to the following address:  
**COMPTROLLER OF PUBLIC ACCOUNTS**  
**P.O. Box 149348**  
**Austin, TX 78714-9348**

Preparer's name (Please print)	Title	Daytime phone (Area code and number)
<b>sign here</b> Signature	Date	