RESET FORM | PRINT FORM

Comptroller of Public Accounts FORM

05-169
(Rev.9-16/8)

■ **Tcode** 13252 Annual

Texas Franchise Tax EZ Computation Report

Annualized total revenue must be $20,000,000 or less to file this form

FILING REQUIREMENTS

Taxpayer number	■ Report year	Due date
	2019	05/15/2019

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 ■ ◯			

Is this entity a corporation, limited liability company, professional association, limited partnership or financial institution? ◯ Yes ◯ No

Accounting year begin date ** m m d d y y

Accounting year end date m m d d y y

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 0.00331) (Dollars and cents)*	15. ■	
16. Discount *(see instructions, applicable to report years 2008 and 2009)*	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	

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.
** If not 12 months, see instructions for annualized revenue.

Texas Comptroller Official Use Only

VE/DE	◯
PM Date	