

# Texas Franchise Tax Report - Page 1

Tcode 13250 Annual

<input checked="" type="checkbox"/> Taxpayer number	<input checked="" type="checkbox"/> 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 the address has changed <input type="checkbox"/>	
Blacken circle if this is a combined report <input type="checkbox"/>		Blacken circle if Total Revenue is adjusted for Tiered Partnership Election, see instructions <input type="checkbox"/>			
Is this entity a corporation, limited liability company, professional association, limited partnership or financial institution? <input type="radio"/> Yes <input type="radio"/> No					

\*\* If not twelve months, see instructions for annualized revenue

<b>Accounting year begin date**</b> <table border="1" style="display: inline-table; width: 150px;"> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td> </tr> <tr> <td style="height: 15px;"></td><td style="height: 15px;"></td><td style="height: 15px;"></td><td style="height: 15px;"></td><td style="height: 15px;"></td><td style="height: 15px;"></td> </tr> </table>		m	m	d	d	y	y							<b>Accounting year end date</b> <table border="1" style="display: inline-table; width: 150px;"> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td> </tr> <tr> <td style="height: 15px;"></td><td style="height: 15px;"></td><td style="height: 15px;"></td><td style="height: 15px;"></td><td style="height: 15px;"></td><td style="height: 15px;"></td> </tr> </table>		m	m	d	d	y	y							<b>SIC code</b> <table border="1" style="display: inline-table; width: 100px;"> <tr> <td style="width: 25px; height: 15px;"></td><td style="width: 25px; height: 15px;"></td><td style="width: 25px; height: 15px;"></td><td style="width: 25px; height: 15px;"></td> </tr> </table>					<b>NAICS code</b> <table border="1" style="display: inline-table; width: 150px;"> <tr> <td style="width: 25px; height: 15px;"></td><td style="width: 25px; height: 15px;"></td><td style="width: 25px; height: 15px;"></td><td style="width: 25px; height: 15px;"></td><td style="width: 25px; height: 15px;"></td><td style="width: 25px; height: 15px;"></td><td style="width: 25px; height: 15px;"></td><td style="width: 25px; height: 15px;"></td> </tr> </table>								
m	m	d	d	y	y																																				
m	m	d	d	y	y																																				

### REVENUE (Whole dollars only)

1. <b>Gross receipts or sales</b>	1.	<input checked="" type="checkbox"/>		0	0
2. <b>Dividends</b>	2.	<input checked="" type="checkbox"/>		0	0
3. <b>Interest</b>	3.	<input checked="" type="checkbox"/>		0	0
4. <b>Rents</b> <small>(can be negative amount)</small>	4.	<input checked="" type="checkbox"/>		0	0
5. <b>Royalties</b>	5.	<input checked="" type="checkbox"/>		0	0
6. <b>Gains/losses</b> <small>(can be negative amount)</small>	6.	<input checked="" type="checkbox"/>		0	0
7. <b>Other income</b> <small>(can be negative amount)</small>	7.	<input checked="" type="checkbox"/>		0	0
8. <b>Total gross revenue</b> <small>(Add items 1 thru 7)</small>	8.	<input checked="" type="checkbox"/>		0	0
9. <b>Exclusions from gross revenue</b> <small>(see instructions)</small>	9.	<input checked="" type="checkbox"/>		0	0
10. <b>TOTAL REVENUE</b> <small>(item 8 minus item 9 if less than zero, enter 0)</small>	10.	<input checked="" type="checkbox"/>		0	0

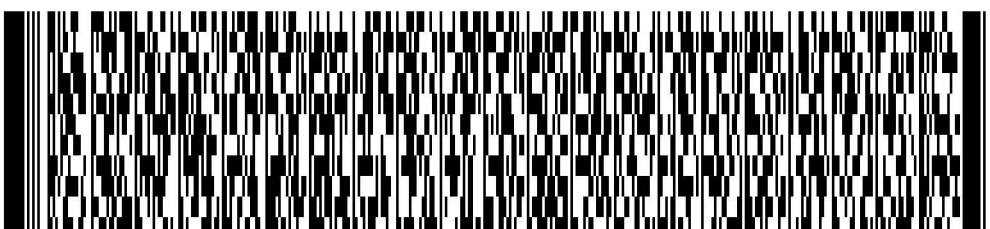
### COST OF GOODS SOLD (Whole dollars only)

11. <b>Cost of goods sold</b>	11.	<input checked="" type="checkbox"/>		0	0
12. <b>Indirect or administrative overhead costs</b> <small>(Limited to 4%)</small>	12.	<input checked="" type="checkbox"/>		0	0
13. <b>Other</b> <small>(see instructions)</small>	13.	<input checked="" type="checkbox"/>		0	0
14. <b>TOTAL COST OF GOODS SOLD</b> <small>(Add items 11 thru 13)</small>	14.	<input checked="" type="checkbox"/>		0	0

### COMPENSATION (Whole dollars only)

15. <b>Wages and cash compensation</b>	15.	<input checked="" type="checkbox"/>		0	0
16. <b>Employee benefits</b>	16.	<input checked="" type="checkbox"/>		0	0
17. <b>Other</b> <small>(see instructions)</small>	17.	<input checked="" type="checkbox"/>		0	0
18. <b>TOTAL COMPENSATION</b> <small>(Add items 15 thru 17)</small>	18.	<input checked="" type="checkbox"/>		0	0

**Texas Comptroller Official Use Only**

	VE/DE <input type="radio"/>
	PM Date

Tcode 13251 Annual

Taxpayer number								Report year				Due date				Taxpayer name							

**MARGIN** (Whole dollars only)

19. 70% revenue (item 10 x .70) 19. █

20. Revenue less COGS (item 10 - item 14) 20. █

21. Revenue less compensation (item 10 - item 18) 21. █

22. Revenue less \$1 million (item 10 - \$1,000,000) 22. █

23. MARGIN (see instructions) 23. █

---

**APPORTIONMENT FACTOR**

24. Gross receipts in Texas (Whole dollars only) 24. █

25. Gross receipts everywhere (Whole dollars only) 25. █

26. APPORTIONMENT FACTOR (Divide item 24 by item 25, round to 4 decimal places) 26. █

---

**TAXABLE MARGIN** (Whole dollars only)

27. Apportioned margin (Multiply item 23 by item 26) 27. █

28. Allowable deductions (see instructions) 28. █

29. TAXABLE MARGIN (item 27 minus item 28) 29. █

---

**TAX DUE**

30. Tax rate (see instructions for determining the appropriate tax rate) X X X 30. █

31. Tax due (Multiply item 29 by the tax rate in item 30) (Dollars and cents) 31. █

---

**TAX ADJUSTMENTS** (Dollars and cents) (Do not include prior payments)

32. Tax credits (item 23 from Form 05-160) 32. █


33. Tax due before discount (item 31 minus item 32) 33. █

34. Discount (see instructions, applicable to report years 2008 and 2009) 34. █

**TOTAL TAX DUE** (Dollars and cents)

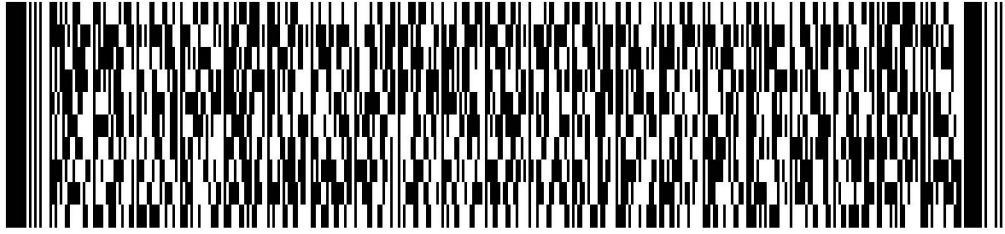
35. TOTAL TAX DUE (item 33 minus item 34) 35. █

Do not include payment if item 35 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 35 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.		<b>Mail original to:</b> 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/taxinfo/taxforms/05-forms.html](http://www.comptroller.texas.gov/taxinfo/taxforms/05-forms.html). If you have any questions, call 1-800-252-1381.

**Texas Comptroller Official Use Only**

	VE/DE	○	
	PM Date		

