RESET FORM | PRINT FORM

FILING REQUIREMENTS

Comptroller of Public Accounts FORM 05-158-A (Rev.9-11/6)

■ Tcode 13270 Final

Texas Franchise Tax Report - Page 1

Taxpayer number | ■ Report year 2013 | 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 ■

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 ■

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

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)*

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

COST OF GOODS SOLD *(Whole dollars only)*

11. Cost of goods sold	11. ■	0 0
12. Indirect or administrative overhead costs *(Limited to 4%)*	12. ■	0 0
13. Other *(see instructions)*	13. ■	0 0
14. TOTAL COST OF GOODS SOLD *(Add items 11 thru 13)*	14. ■	0 0 0

COMPENSATION *(Whole dollars only)*

15. Wages and cash compensation	15. ■	0 0
16. Employee benefits	16. ■	0 0
17. Other *(see instructions)*	17. ■	0 0
18. TOTAL COMPENSATION *(Add items 15 thru 17)*	18. ■	0 0 0

PROCEED TO NEXT PAGE

VE/DE	○
PM Date	

Comptroller of Public Accounts FORM 05-158-B (Rev.9-11/6)

■ Tcode 13271 Final

Texas Franchise Tax Report - Page 2

■ Taxpayer number	■ Report year	Due date	Taxpayer name
	2013		

MARGIN *(Whole dollars only)*

19. Revenue *(item 10 X 70%)* 19. ■ 0 0

20. Revenue *(item 10 minus item 14 COGS)* 20. ■ 0 0

21. Revenue *(item 10 minus item 18 Compensation)* 21. ■ 0 0

22. MARGIN *(Enter the lowest amount from item 19, 20 or 21)* 22. ■ 0 0

APPORTIONMENT FACTOR

23. Gross receipts in Texas *(Whole dollars only)* 23. ■ 0 0

24. Gross receipts everywhere *(Whole dollars only)* 24. ■ 0 0

25. APPORTIONMENT FACTOR *(Divide item 23 by item 24, round to 4 decimal places)* 25. ■ .

TAXABLE MARGIN *(Whole dollars only)*

26. Apportioned margin *(Multiply item 22 by item 25)* 26. ■ 0 0

27. Allowable deductions *(see instructions)* 27. ■ 0 0

28. TAXABLE MARGIN *(item 26 minus item 27)* 28. ■ 0 0

TAX DUE

29. Tax rate *(see instructions for determining the appropriate tax rate)* 29. ■ .

30. Tax due *(Multiply item 28 by the tax rate in item 29) (Dollars and cents)* 30. ■

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

31. Tax credits *(item 23 from **Form 05-160**)* 31. ■

32. Tax due before discount *(item 30 minus item 31)* 32. ■

33. Discount *(see instructions, applicable to report years 2008 and 2009)* 33. ■

TOTAL TAX DUE *(Dollars and cents)*

34. TOTAL TAX DUE *(item 32 minus item 33)* 34. ■

Do not include payment if item 34 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 34 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.

RETURN TO PAGE 1

VE/DE	◯
PM Date	