

Texas Franchise Tax Report - Page 1

Tcode 13270 Final

<input type="checkbox"/> Taxpayer number			<input type="checkbox"/> Report year			Due date		
<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>		
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="radio"/>
Blacken circle if this is a combined report <input type="radio"/>			Blacken circle if Total Revenue is adjusted for Tiered Partnership Election, see instructions <input type="radio"/>			Blacken circle to request a Certificate of Account Status <input type="radio"/>		

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

Accounting year begin date**	<input style="width: 100%; text-align: center; font-size: small;"/> m m d d y y	Accounting year end date	<input style="width: 100%; text-align: center; font-size: small;"/> m m d d y y	SIC code	<input style="width: 100%; text-align: center; font-size: small;"/> SIC code	NAICS code	<input style="width: 100%; text-align: center; font-size: small;"/> NAICS code

REVENUE *(Whole dollars only)*

1. Gross receipts or sales	1. <input type="checkbox"/>	<input style="width: 100%; height: 15px; border: 1px solid black;" type="text"/>	0	0
2. Dividends	2. <input type="checkbox"/>	<input style="width: 100%; height: 15px; border: 1px solid black;" type="text"/>	0	0
3. Interest	3. <input type="checkbox"/>	<input style="width: 100%; height: 15px; border: 1px solid black;" type="text"/>	0	0
4. Rents <i>(can be negative amount)</i>	4. <input type="checkbox"/>	<input style="width: 100%; height: 15px; border: 1px solid black;" type="text"/>	0	0
5. Royalties	5. <input type="checkbox"/>	<input style="width: 100%; height: 15px; border: 1px solid black;" type="text"/>	0	0
6. Gains/losses <i>(can be negative amount)</i>	6. <input type="checkbox"/>	<input style="width: 100%; height: 15px; border: 1px solid black;" type="text"/>	0	0
7. Other income <i>(can be negative amount)</i>	7. <input type="checkbox"/>	<input style="width: 100%; height: 15px; border: 1px solid black;" type="text"/>	0	0
8. Total gross revenue <i>(Add items 1 thru 7)</i>	8. <input type="checkbox"/>	<input style="width: 100%; height: 15px; border: 1px solid black;" type="text"/>	0	0
9. Exclusions from gross revenue <i>(see instructions)</i>	9. <input type="checkbox"/>	<input style="width: 100%; height: 15px; border: 1px solid black;" type="text"/>	0	0
10. TOTAL REVENUE <i>(item 8 minus item 9 if less than zero, enter 0)</i>	10. <input type="checkbox"/>	<input style="width: 100%; height: 15px; border: 1px solid black;" type="text"/>	0	0

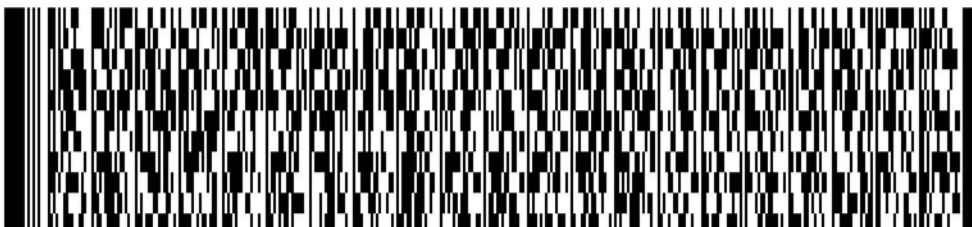

COST OF GOODS SOLD *(Whole dollars only)*

11. Cost of goods sold	11. <input type="checkbox"/>	<input style="width: 100%; height: 15px; border: 1px solid black;" type="text"/>	0	0
12. Indirect or administrative overhead costs <i>(Limited to 4%)</i>	12. <input type="checkbox"/>	<input style="width: 100%; height: 15px; border: 1px solid black;" type="text"/>	0	0
13. Other <i>(see instructions)</i>	13. <input type="checkbox"/>	<input style="width: 100%; height: 15px; border: 1px solid black;" type="text"/>	0	0
14. TOTAL COST OF GOODS SOLD <i>(Add items 11 thru 13)</i>	14. <input type="checkbox"/>	<input style="width: 100%; height: 15px; border: 1px solid black;" type="text"/>	0	0

COMPENSATION *(Whole dollars only)*

15. Wages and cash compensation	15. <input type="checkbox"/>	<input style="width: 100%; height: 15px; border: 1px solid black;" type="text"/>	0	0
16. Employee benefits	16. <input type="checkbox"/>	<input style="width: 100%; height: 15px; border: 1px solid black;" type="text"/>	0	0
17. Other <i>(see instructions)</i>	17. <input type="checkbox"/>	<input style="width: 100%; height: 15px; border: 1px solid black;" type="text"/>	0	0
18. TOTAL COMPENSATION <i>(Add items 15 thru 17)</i>	18. <input type="checkbox"/>	<input style="width: 100%; height: 15px; border: 1px solid black;" type="text"/>	0	0

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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">VE/DE</td> <td style="width: 50%; text-align: center;"><input type="radio"/></td> </tr> <tr> <td>PM Date</td> <td style="text-align: center;"> <input style="width: 100%; height: 15px;" type="text"/> </td> </tr> </table>	VE/DE	<input type="radio"/>	PM Date	<input style="width: 100%; height: 15px;" type="text"/>
VE/DE	<input type="radio"/>				
PM Date	<input style="width: 100%; height: 15px;" type="text"/>				
					

Texas Franchise Tax Report - Page 2

■ Tcode 13271 Final

■ Taxpayer number <input style="width: 100%; height: 20px;" type="text"/>	■ Report year <input style="width: 100%; height: 20px;" type="text"/>	Due date <input style="width: 100%; height: 20px;" type="text"/>	Taxpayer name <input style="width: 100%; height: 20px;" type="text"/>
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MARGIN (Whole dollars only)

19. 70% revenue (item 10 x .70) 19. ■ 0 0

20. Revenue less COGS (item 10 - item 14) 20. ■ 0 0

21. Revenue less compensation (item 10 - item 18) 21. ■ 0 0

22. Revenue less \$1 million (item 10 - \$1,000,000) 22. ■ 0 0

23. MARGIN (see instructions) 23. ■ 0 0

APPORTIONMENT FACTOR

24. Gross receipts in Texas (Whole dollars only) 24. ■ 0 0

25. Gross receipts everywhere (Whole dollars only) 25. ■ 0 0

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. ■ 0 0

28. Allowable deductions (see instructions) 28. ■ 0 0

29. TAXABLE MARGIN (item 27 minus item 28) 29. ■ 0 0

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. ■

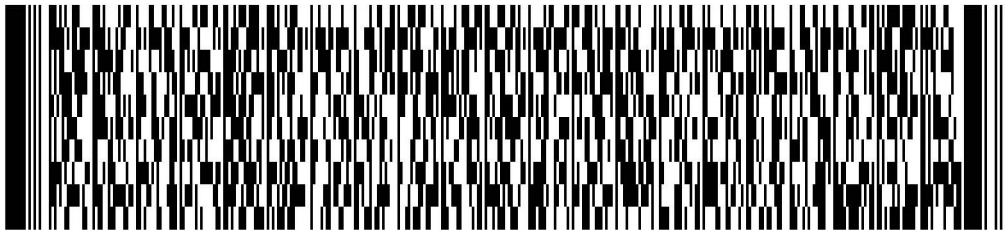
35. TOTAL TAX DUE (item 33 minus item 34) 35. ■

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.	
	Date
Mail original to: Texas Comptroller of Public Accounts P.O. Box 149348 Austin, TX 78714-9348	

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.

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PM Date	<input style="width: 100%; height: 20px;" type="text"/>