



Comptroller of Public Accounts FORM 05-163 (Rev.9-11/5)

Texas Franchise Tax No Tax Due Information Report

■ Tcode 13255 Annual

| | | | |
|----------------------|----------------------|----------------------|---|
| ■ Taxpayer number | ■ Report year | Due date | Privilege period covered by this report |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input 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="checkbox"/> | |
| Blacken circle if this is a combined report ■ <input type="checkbox"/> | | | SIC code | | NAICS code | |
| | | | <input type="text"/> | | <input type="text"/> | |
| Blacken circle if Total Revenue is adjusted for Tiered Partnership Election, see instructions.* ■ <input type="checkbox"/> | | | | | | |
| Blacken circle if this is a Corporation or Limited Liability Company <input type="checkbox"/> | | | Blacken circle if this is an Entity other than a Corporation or Limited Liability Company <input type="checkbox"/> | | | |

*Note: Upper tiered partnerships do not qualify to use this form.

If any of the statements below are true, you qualify to file this No Tax Due Information Report:

(Blacken all circles that apply)

1. **This entity is a passive entity as defined in Chapter 171 of the Texas Tax Code.** (see instructions) 1. ■
 (Passive income does NOT include rent)

2. **This entity's annualized total revenue is below the no tax due threshold.** (see instructions) 2. ■

3. **This entity has zero Texas Gross Receipts.** 3. ■

4. **This entity is a Real Estate Investment Trust (REIT) that meets the qualifications specified in section 171.0002(c)(4).** 4. ■


5a. Accounting year begin date

| | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <i>m</i> | <i>m</i> | <i>d</i> | <i>d</i> | <i>y</i> | <i>y</i> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

5b. Accounting year end date

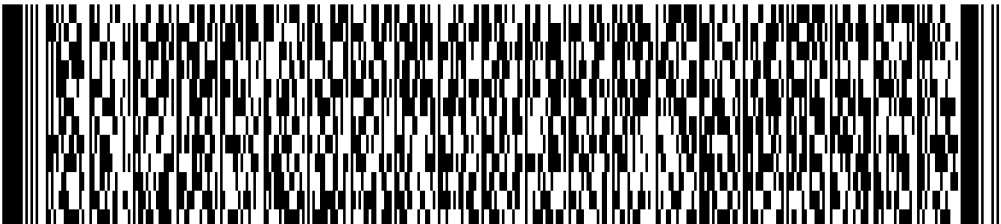
| | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <i>m</i> | <i>m</i> | <i>d</i> | <i>d</i> | <i>y</i> | <i>y</i> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

6. **TOTAL REVENUE** (Whole dollars only) 6. ■

| | | | |
|---|------|--|--|
| 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 | |
|  | 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.

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| | |
|---------|--------------------------|
| VE/DE | <input type="checkbox"/> |
| PM Date | <input type="text"/> |

