

# Texas Franchise Tax Extension Request

**Tcode 13278 Final**

<input type="checkbox"/> Taxpayer number										<input type="checkbox"/> Report year				Due date	
<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 this is a combined report <input type="checkbox"/>					Blacken circle if the address has changed <input type="checkbox"/>

**If this extension is for a combined group, you must also complete and submit Form 05-165.**

**Note to mandatory Electronic Fund Transfer(EFT) payers:  
When requesting a second extension do not submit an Affiliate List Form 05-165.**

**1. Extension payment** *(Dollars and cents)*

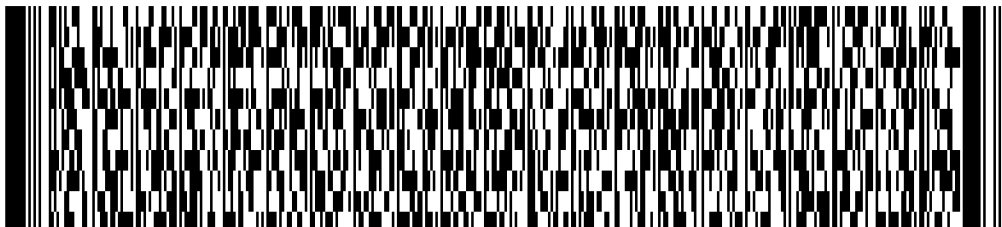
1.

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/taxes/franchise/forms](http://www.comptroller.texas.gov/taxes/franchise/forms). If you have any questions, call 1-800-252-1381.

Taxpayers who paid \$10,000 or more during the preceding fiscal year (Sept. 1 thru Aug. 31) are required to electronically pay their franchise tax. For more information visit [www.comptroller.texas.gov/taxes/franchise/filing-requirements.php](http://www.comptroller.texas.gov/taxes/franchise/filing-requirements.php).

### Texas Comptroller Official Use Only



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

