

# Texas Franchise Tax Affiliate Schedule

■ **Tcode 13253 Annual**

■ Reporting entity taxpayer number <input style="width: 100%; height: 20px;" type="text"/>	■ Report year <input style="width: 100%; height: 20px;" type="text"/>	Reporting entity taxpayer name <input style="width: 100%; height: 20px;" type="text"/>
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Reporting entity must be included on Affiliate Schedule. Affiliate reporting period dates must be within combined group's accounting period dates.

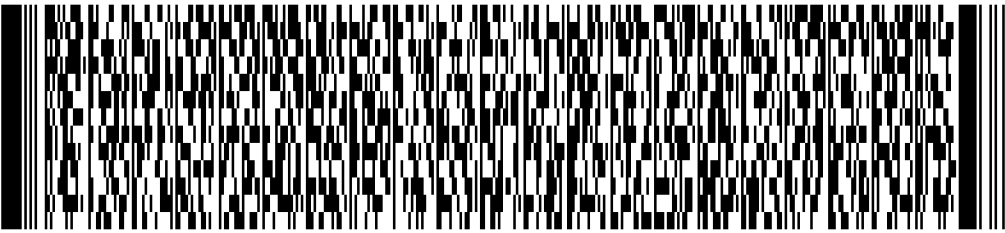
1. Legal name of affiliate		■ 2. Affiliate taxpayer number (if none, use FEI number)				■ 3. Affiliate NAICS code			
4. Blacken circle if entity is disregarded for franchise tax <input type="checkbox"/>	5. Blacken circle if this affiliate does NOT have NEXUS in Texas <input type="checkbox"/>	■ 6. Affiliate reporting begin date m m d d y y <input style="width: 100%; height: 20px;" type="text"/>				■ 7. Affiliate reporting end date m m d d y y <input style="width: 100%; height: 20px;" type="text"/>			
■ 8. Gross receipts subject to throwback in other states (before eliminations) <input style="width: 100%; height: 20px;" type="text"/>					■ 9. Gross receipts everywhere (before eliminations) <input style="width: 100%; height: 20px;" type="text"/>				
■ 10. Gross receipts in Texas (before eliminations) <input style="width: 100%; height: 20px;" type="text"/>					■ 11. Cost of goods sold or compensation (before eliminations) <input style="width: 100%; height: 20px;" type="text"/>				

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The reporting entity of a combined group with a temporary credit for business loss carryforwards preserved for itself and/or affiliates must submit common owner information. **This information must be provided to satisfy franchise tax reporting requirements.** Learn more at [www.comptroller.texas.gov/taxes/franchise/](http://www.comptroller.texas.gov/taxes/franchise/). An information report (Form 05-102 or Form 05-167) must be filed for each affiliate that is organized in Texas or that has a physical presence in Texas.

**Texas Comptroller Official Use Only**



VE/DE	<input type="checkbox"/>	FM	<input type="checkbox"/>
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