RESET FORM | PRINT FORM

Texas Franchise Tax No Tax Due Information Report

Comptroller of Public Accounts FORM

05-163
(Rev.9-11/5)

■ **Tcode** 13275 Final Franchise

FILING REQUIREMENTS

Taxpayer number	■ Report year	Due date
	2 0 1 2	

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 ○			■ SIC code	■ NAICS code	
Blacken circle if Total Revenue is adjusted for Tiered Partnership Election, see instructions.* ○			Blacken circle to request a Certificate of Account Status ■ ○		

**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)* (Passive income does NOT include rent) — 1. ■ ○
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 5a. ■ m m d d y y

5b. Accounting year end date 5b. ■ m m d d y y

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