

# Texas Franchise Tax Common Owner Information Report

■ Tcode 13257 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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The common owner is the entity or individual that owns more than 50 percent (directly or indirectly) of each affiliate of the combined group. *Note: The reporting entity is not necessarily the common owner.*

## Common Owner Identification

Identification number (Enter only **ONE** of the following numbers: Texas taxpayer number, federal employer identification number or Social Security number.)

1. Texas taxpayer number	1. ■	<input style="width:100%; height: 20px;" type="text"/>
<b>OR</b>		
2. Federal employer identification number	2. ■	<input style="width:100%; height: 20px;" type="text"/>
<b>OR</b>		
3. Social Security number	3. ■	<input style="width:100%; height: 20px;" type="text"/>

**Federal Privacy Act** - Disclosure of your Social Security number is required and authorized under law, for the purpose of tax administration and identification of any individual affected by applicable law. 42 U.S.C. §405(c)(2)(C)(i); Tex. Govt. Code §§403.011 and 403.078. Release of information on this form in response to a public information request will be governed by the Public Information Act, Chapter 552, Government Code, and applicable federal law.

## Common Owner Name


Common owner business name	Common owner first name, middle initial, last name		
Mailing address			
City	State	ZIP code	

## Dates

Enter the date this entity or individual became the common owner of the combined group. (The start date is not the same as the combined group accounting period date or the privilege period.)

Blacken this circle if this entity or individual is still the common owner.

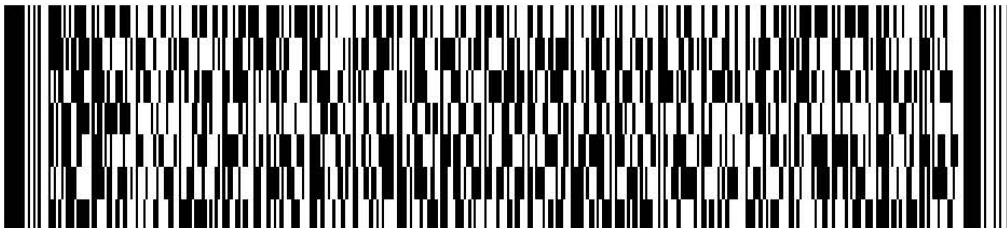

Common owner start date <small>m m d d y y y y</small> <input style="width:100%; height: 20px;" type="text"/>	Common owner end date <small>(if applicable) m m d d y y y y</small> <input style="width:100%; height: 20px;" type="text"/>
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Print or type 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
	

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.

*Under Ch. 559, Government Code, you are entitled to review, request and correct information we have on file about you, with limited exceptions in accordance with Ch. 552, Government Code. To request information for review or to request error correction, contact us at the address or phone number listed on this form.*

### Texas Comptroller Official Use Only

	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; padding: 5px;">VE/DE</td> <td style="width:30%; text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> </table> 	VE/DE	<input type="checkbox"/>
VE/DE	<input type="checkbox"/>		