RESET FORM PRINT FORM

Comptroller of Public Accounts FORM 05-164 (9-09/4)

■ **Tcode** 13238 Initial

TEXAS FRANCHISE TAX EXTENSION REQUEST

Taxpayer number | Report year | Due date

FILING REQUIREMENTS

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 ◯					

1. **Blacken this circle if you will be using your 2008 Temporary Credit for Business Loss Carryforward for the report year for which you are requesting this extension** *(See instructions)* 1. ■ ◯

2. **Blacken this circle if you will begin using your 1992 Temporary Credit for the report year for which you are requesting this extension** *(See instructions)* 2. ■ ◯

3. **Extension payment** *(Dollars and cents)* 3. ■

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.

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:** COMPTROLLER OF PUBLIC ACCOUNTS P.O. Box 149348 Austin, TX 78714-9348
sign here ▶ Date	

If you have any questions regarding franchise tax, you may contact the Texas State Comptroller's field office in your area or call (800) 252-1381 or (512) 463-4600. For instructions on completing the franchise tax report forms, see Form 05-392(2008), Form 05-393(2009) or Form 05-394(2010).

Taxpayers who paid $10,000 or more during the preceding fiscal year (September 1 thru August 31) are required to electronically pay their franchise tax. For more information visit: http://www.window.state.tx.us/webfile/req_franchise.html

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VE/DE	◯
PM Date	