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Comptroller of Public Accounts FORM 05-169 (Rev.9-16/8)

Texas Franchise Tax EZ Computation Report

Annualized total revenue must be $20,000,000 or less to file this form

■ Tcode 13252 Annual

FILING REQUIREMENTS

Taxpayer number | ■ Report year 2020 | Due date 07/15/2020

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 ◯ | Blacken circle if Total Revenue is adjusted for Tiered Partnership Election, see instructions ◯

Is this entity a corporation, limited liability company, professional association, limited partnership or financial institution? ◯ Yes ◯ No

Accounting year begin date ** (m m d d y y) | Accounting year end date (m m d d y y) | NAICS code

REVENUE *(Whole dollars only, items 1 -12)*

1. **Gross receipts or sales**	1. ■	0 0
2. **Dividends**	2. ■	0 0
3. **Interest**	3. ■	0 0
4. **Rents** *(can be negative amount)*	4. ■	0 0
5. **Royalties**	5. ■	0 0
6. **Gains/losses** *(can be negative amount)*	6. ■	0 0
7. **Other income** *(can be negative amount)*	7. ■	0 0
8. **Total gross revenue** *(Add items 1 thru 7)*	8. ■	0 0
9. **Exclusions from gross revenue** *(see instructions)*	9. ■	0 0
10. **TOTAL REVENUE** *(item 8 minus item 9 if less than zero, enter 0)*	10. ■	0 0
11. **Gross receipts in Texas**	11. ■	0 0
12. **Gross receipts everywhere**	12. ■	0 0
13. **Apportionment factor** *(Divide item 11 by item 12) (Round to 4 decimal places)*	13. ■	
14. **Apportioned revenue** *(Multiply item 10 by item 13) (Dollars and cents)*	14. ■	
15. **Tax due before discount** *(Multiply item 14 by 0.00331) (Dollars and cents)*	15. ■	
16. **Discount** *(see instructions, applicable to report years 2008 and 2009)*	16. ■	
17. **TOTAL TAX DUE** *(item 15 minus item 16) (Do not include payment if this amount is less than $1,000)*	17. ■	

Do not include payment if item 17 is less than $1,000 or if annualized total revenue is less than the no tax due threshold (see instructions).
If the entity makes a tiered partnership election, ANY amount in item 17 is due. Complete Form 05-170 if making a payment.

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.

sign here | Date

Mail original to:
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/. If you have any questions, call 1-800-252-1381.
** If not 12 months, see instructions for annualized revenue.

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VE/DE	◯
PM Date	