Comptroller of Public Accounts FORM 05-139 (Rev.9-16/15)

Do Not Staple or Paper Clip

b.

PRINT

TEXAS FINAL CORPORATION FRANCHISE TAX REPORT

Please do not write in space above.

PLEASE READ INSTRUCTIONS FORM 05-365.
Do not write in shaded areas.

a. ☐ 13140 Franchise ☐ 16140 Bank

c. Due date	d. Taxpayer number	e. REPORT YEAR	f. PM

g.

Taxpayer name and mailing address

h.

i. F M RPT

j. k.

☐ ***Check this box if your mailing address has changed and make changes.***

n. Is this entity a member of an affiliated group that will be required to file a combined group report in 2008? ☐ YES ☐ NO

If the answer is "YES," enter the following information for the entity that will report on your behalf. If the answer is "NO," skip to Item 1.

Legal name of reporting entity _____ Texas taxpayer or FEI number _____

o. Is this entity's beginning date in Item 1 on or after the beginning date to be used by the combined group on its 2008 franchise tax report? ☐ YES ☐ NO

If the answer is "YES," this entity's information MUST be included in the combined group report.
If the answer is "NO," enter the beginning date in Item 1a and the day before the combined group's beginning date on the 2008 report in Item 1b.

1. Enter the beginning and ending date *(See instructions for dates to use)* **1a.** Beginning date (MONTH DAY YEAR) **1b.** Ending date (MONTH DAY YEAR)

2. If you do not have a Texas charter and if PL 86-272 applied during the period shown in Item 1, enter the effective date. 2.

3. Gross receipts in Texas *(Omit if Item 4 is less than $150,000 on reports originally due on or after January 1, 2000.) (If you had "0" gross receipts in Texas for the above accounting period, enter "0" in Item 10 and complete the remainder of the report.) (Whole dollars only)* 3. .00

4. Gross receipts everywhere *(If you had less than $150,000 in gross receipts everywhere for the above accounting period, skip Item 5 through Item 16, enter "0" in Item 17 and complete the remainder of the report.) (Whole dollars only)* 4. .00

5. Apportionment factor *(Item 3 divided by Item 4)* 5.

6. Federal taxable income *(Before net operating loss deduction and special deductions. See instructions)* 6. .00

7. Special deductions *(See instructions)* a. I.R.S. Form 1120, Schedule C, Special Deductions 7a. .00

b. Other authorized deductions 7b. .00

8. Officer and director compensation *(See instructions)* 8. .00

9. Earned surplus *(Item 6 minus Items 7a and 7b plus Item 8)* 9. .00

10. Apportioned earned surplus *(Multiply Item 9 by Item 5) (Dollars and cents)* 10.

11. Allocated earned surplus *(See instructions)* 11.

12. Apportioned plus allocated earned surplus *(Item 10 plus Item 11)* 12.

13. Business loss carryover used this year *(See instructions)* 13.

14. Net taxable earned surplus *(Item 12 minus Item 13) (If less than "0," enter "0")* 14.

15. Tax due on net taxable earned surplus *(Multiply Item 14 by* **.04500** *)* 15.

16. Tax credits *(See instructions)* 16.

17. Total tax due *(Item 15 minus Item 16)(If less than $100, enter "0". You do not owe tax.)* 17.

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SEE REQUEST FOR CERTIFICATE OF ACCOUNT STATUS ON BACK OF FORM.

☐ ***Check this box if a Certificate of Account Status is requested.***

18. Total tax due *(Enter the amount from Item 17)* 18.

19. Enter prior payments 19.

20. Net tax due for this report *(Item 18 minus Item 19)* 20.

21. PENALTY: 1-30 days late-5% of Item 20. More than 30 days late-10% of Item 20 21.

22. INTEREST: If more than 60 days late, enter interest on the amount in Item 20 starting 61 days after the due date. Calculate interest at the rate published online at www.comptroller.texas.gov or call the Comptroller toll free at (877) 447-2834 for the applicable interest rate. 22.

23. TOTAL AMOUNT DUE AND PAYABLE *(Item 20 plus Item 21 plus Item 22)* 23.

Taxpayer name

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	Signature of officer, director or other authorized person	Daytime phone	Date

T Code Taxpayer number Period

l.

m.

Make amount in Item 23 payable to STATE COMPTROLLER

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REQUEST FOR CERTIFICATE OF ACCOUNT STATUS TO TERMINATE CORPORATE EXISTENCE IN TEXAS

SECTION A - CORPORATE INFORMATION

Legal entity name	Taxpayer number	File number *(From the Texas Secretary of State)*

Is this entity a member of an affiliated group that will be required to file a combined group report in 2008? ☐ YES ☐ NO

If the answer is "YES," enter the following information for the entity that will report on your behalf. If the answer is "NO," skip to Section B.

Legal name of reporting entity _____ Texas taxpayer or FEI number _____

Is this entity's beginning date on or after the beginning date to be used by the combined group on its 2008 franchise tax report? ☐ YES ☐ NO

If the answer is "YES," this entity's information MUST be included in the combined group report.
If the answer is "NO," enter the beginning date below and the day before the combined group's beginning date on the 2008 report below.

Begin date (month day year) _____ Day before the combined group's beginning date (month day year) _____

SECTION B - TEXAS ENTITY

If the corporation or limited liability company is chartered in Texas, indicate the filing for which the certificate is required:

☐ DISSOLUTION ☐ MERGER ☐ ENTITY CONVERSION

SECTION C - FOREIGN ENTITY

If the corporation or limited liability company is chartered outside of Texas, please complete the following information:

1. Is the corporation or limited liability company still conducting business in Texas? ☐ YES ☐ NO
2. If "NO," enter the last day of business activity in Texas: _____
3. Does the corporation or limited liability company still have an active charter in its home state? ☐ YES ☐ NO
4. If "NO," please indicate how the home state charter was terminated and the effective date:

☐ Dissolution effective date: _____ (month day year)

☐ Merger effective date: _____ (month day year) Name of survivor: _____

☐ Entity conversion effective date: _____ (month day year)

NOTE: *If the home state charter has been terminated, a copy of the home state documentation evidencing that the corporation or limited liability company ceased to exist must accompany this request. The home state documentation must bear the seal of the Secretary of State or other filing agency and the effective date of the filing.*

SECTION D - CERTIFICATE INFORMATION

The Secretary of State now offers filing of dissolutions and withdrawals through the SOSDirect System, on-line at www.sos.state.tx.us/corp/sosda/index.shtml. To assist you in filing these forms you can now request the Certificate of Account Status in electronic (.pdf) format. Fax is also available for your convenience. Please note that all requests are processed in the order received, regardless of the format you select.

Please indicate below the format you would like to receive your certificate.

☐ FAX — FAX number *(Area code & number)*: _____ Telephone number *(Area code & number)*: _____

☐ .PDF — E-mail address: _____

☐ Mail — Mailing address: _____ City: _____ State: _____ ZIP code: _____

Requestor name *(Please type or print)*	Telephone number & extension

ATTENTION: *A corporation or limited liability company that intends to dissolve or otherwise terminate its charter or Certificate of Authority must be current with tax filing requirements for all taxes administered by the Comptroller under Title 2 of the Texas Tax Code and all tax accounts for those taxes must be closed. To determine if the corporation or limited liability company is current in tax requirements and to close any open tax accounts, call toll free (800) 252-1381 from anywhere in the United States. The Austin number is (512) 463-4600.*

READ INSTRUCTIONS, FORM 05-365, BEFORE COMPLETING THIS REPORT

FOR ASSISTANCE: 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, toll free, nationwide. The Austin number is (512) 463-4600.

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 toll-free number listed on this form.

Mail to: COMPTROLLER OF PUBLIC ACCOUNTS
111 E. 17th Street
Austin, Texas 78774-0100