RESET FORM PRINT FORM

Texas Franchise Tax Ownership Information Report

Comptroller of Public Accounts FORM 05-167 (Rev.9-11/4)

■ **Tcode** 13197

To be filed by Entities other than Corporations, Limited Liability Companies or Financial Institutions

This report MUST be signed and filed to satisfy franchise tax requirements

FILING REQUIREMENTS

Taxpayer number

Report year

You have certain rights *under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.*

Taxpayer name			Secretary of State file number or Comptroller file number	
Mailing address				
City	State	Country	ZIP Code	Plus 4

SECTION A. Enter the information required for each general partner of a partnership or each trustee of a trust. Also, provide the information for each person or entity that owns an interest of 10 percent or more in this entity.

Name	What type of owner? (Blacken only one) GENERAL PARTNER ◯ LIMITED PARTNER ◯ OTHER ◯		
Mailing address		FEI number	Percentage of ownership
City	State	ZIP Code	Plus 4

Name	What type of owner? (Blacken only one) GENERAL PARTNER ◯ LIMITED PARTNER ◯ OTHER ◯		
Mailing address		FEI number	Percentage of ownership
City	State	ZIP Code	Plus 4

Name	What type of owner? (Blacken only one) GENERAL PARTNER ◯ LIMITED PARTNER ◯ OTHER ◯		
Mailing address		FEI number	Percentage of ownership
City	State	ZIP Code	Plus 4

SECTION B. Enter the information required for each entity, if any, in which this partnership, association, trust or other entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or entity	State of formation	FEI number	Percentage of ownership
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Registered agent and office, or agent for service of process *(see instructions if you need to make changes)* Agent:				
Office:	City	State	ZIP Code	Plus 4

The above information is authorized by Section 171.201(a)(2), Section 171.201(a)(3), 171.202(a)(4) and 171.354 for each entity.

Use additional forms (05-167) for Sections A and B as necessary.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below.

sign here	Title	Date	Area code and phone number ( ) -

Mail original to:
Texas Comptroller of Public Accounts
P.O. Box 149348
Austin, TX 78714-9348

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