Comptroller of Public Rev.9-13/2) Texas Franchis (Rev.9-13/2) Tode 13277 Final Franchise	e Tax C	Commor	o Owner Info	ormatio	on Repor	t	
Reporting entity taxpayer number	■ Report	t year	Reporting entity	taxpayer	name		
The common owner is the entity each affiliate of the combined gro							
Identification number (Enter only ONE of the following num	nbers: Texa	as taxpayer ni	umber, federal emplo	oyer identifi	ication number	or Social Security number.)	
							
Texas taxpayer number	1.						
OR		Г					
Federal employer identification numbe	er 2.						
OR							
Social Security number	3.						
Mailing address							
City			:	State	ZIF	ZIP code	
) Pates							
Enter the date this entity or individual becam combined group accounting period date or the				ned grou	p. (The star	t date is not the same as the	
■ ○ Blacken this o	circle if th	is entity or	individual is stil	II the con	nmon owne	r.	
Common owner start date m m d d	у у		Common owner el (if applicable)	nd date	<i>m</i>	m d d y y	
Print or type name					Area code an	d phone number	
Thirt of type hame					()	-	
declare that the information in this document and any attachments is true and correct to the best of my knowl belief.			e best of my knowled	ge and	Mail original to: Texas Comptroller of Public Accounts		
sign here		Date			Texas	P.O. Box 149348 Austin, TX 78714-9348	

If you have any questions regarding franchise tax, you may contact the Texas Comptroller's field office in your area or call 1-800-252-1381.

Instructions for each report year are online at www.window.state.tx.us/taxinfo/taxforms/05-forms.html.

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.

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