



Texas Franchise Tax Ownership Information Report

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

Tcode 13197

Taxpayer number

Grid for taxpayer number

Report year

Grid for 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, Mailing address, City, State, Country, ZIP Code, Plus 4, Secretary of State file number or Comptroller file number

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.

Partner information form 1: Name, What type of owner?, GENERAL PARTNER, LIMITED PARTNER, OTHER, Mailing address, FEI number, Percentage of ownership, City, State, ZIP Code, Plus 4

Partner information form 2: Name, What type of owner?, GENERAL PARTNER, LIMITED PARTNER, OTHER, Mailing address, FEI number, Percentage of ownership, City, State, ZIP Code, Plus 4

Partner information form 3: Name, What type of owner?, 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.

Owned entity information form 1: Name of owned (subsidiary) corporation or entity, State of formation, FEI number, Percentage of ownership

Owned entity information form 2: Name of owned (subsidiary) corporation or entity, State of formation, FEI number, Percentage of ownership

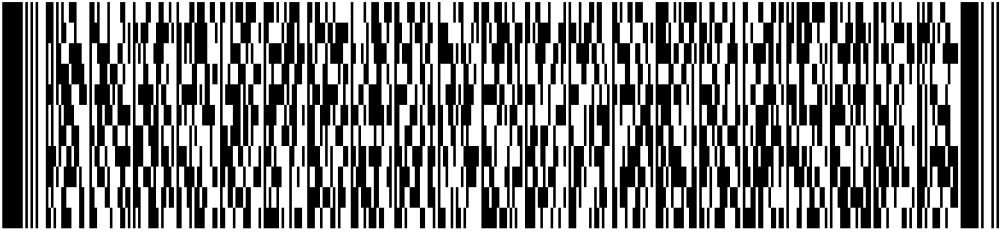
The above information is authorized by Section 171.201(a)(2), Section 171.201(a)(3), 171.202(a)(4) and 171.354 for each entity. Use additional forms (05-167) for Sections A and B as necessary.

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.

Signature line: 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

Texas Comptroller Official Use Only



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