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Comptroller of Public Accounts FORM

05-167
(Rev.9-15/6)

Texas Franchise Tax Ownership Information Report

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

■ **Tcode** 13197

FILING REQUIREMENTS

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 1-800-252-1381.*

Taxpayer number

■ Report year 2 0 2 1

Taxpayer name	■ ◯ Blacken circle if the mailing address has changed.	
Mailing address	Country	Secretary of State (SOS) file number or Comptroller file number
City	State	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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