

C. Sales Tax Report

- 1. Gross Taxable Sales for Tax Purposes to the State of Tennessee \$ _____
- 2. Total Amount of Deductions for State Sales Tax Purposes for Tax Period. Schedule A.
State Sales Tax Return \$ _____
- 3. Total Amount of Sales Tax Due State for Tax Period. Line 14, State Sales Tax Return \$ _____

The amounts reflected above should equal the total of these items on all State Sales and Use Tax Returns for tax period, including any monthly returns which may be delinquent.

Schedule A. Deductions for Business Tax Purposes

- 1. Sales of Services substantially performed in other States \$ _____
- 2. The proceeds of the sale of goods, wares, or merchandise returned by the customer when the sales price is refunded either in cash or by credit. Line D, Schedule A, State Sales Tax Return \$ _____
- 3. Bona Fide Sales in Interstate Commerce where the purchaser takes possession outside of Tennessee for use or consumption outside of Tennessee and item is actually delivered by the seller or common carrier \$ _____
- 4. Cash discounts allowed and taken on sales. Line G, Schedule A, State Sales tax Return \$ _____
- 5. Repossessions - Enter that portion of the unpaid principal balances in excess of \$500.00 due on tangible personal properties repossessed from customers. Line H, Schedule A, State Sales Tax Return \$ _____
- 6. The amount allowed as trade-in value for any articles sold \$ _____
- 7. Amounts subcontractors to others for additions or improvements to real property.
Attach list of subcontracted and their addresses, items subcontracted and amounts \$ _____

Federal excise taxes and state privilege and excise taxes on the following items (indicate amounts sold and deductions):

- 8. Gasoline and Motor Fuel Tax:
 - a. Gasoline tax paid Federal \$ _____
State \$ _____
Totals \$ _____
 - b. Motor Fuel Use Tax Paid Federal \$ _____
State \$ _____
Totals \$ _____
 - c. State Special tax on petroleum products \$ _____
 - d. Liquified Gas for Motor Vehicle \$ _____
- 9. Tobacco Tax:
 - a. Cigarettes Federal \$ _____
State \$ _____
Totals \$ _____
 - b. Other Tobacco Products: Federal \$ _____
State \$ _____
Totals \$ _____
- 10. Beer Federal \$ _____
State \$ _____
 - a. Wholesale Tax 17% of wholesaler's cost per beer sold \$ _____
Totals \$ _____
- 11. Other (Specify) _____
_____ \$ _____
- 12. Total Deductions. Enter here and in Line B2, Page 1 \$ _____

(Note: All deductions must have adequate records maintained to substantiate deductions claimed, otherwise they will be disallowed.)

Persons with two or more business locations in a city and/or county may, upon request, obtain forms and file with the appropriate collection officer consolidated tax returns, provided only, however, that such businesses are taxable under the same classification and at the same rate. Consolidated returns must contain a schedule, by individual locations, giving information necessary to determine tax liability at each location.

I certify that this return, including any accompanying schedule or statements, has been examined by me and is, to the best of my knowledge and belief, a true and complete return, made in good faith, of the tax period stated pursuant in the provisions of Chapter 58 of Title 67, Tennessee Code Annotated, known as the "Business Tax Act". If prepared by anyone other the taxpayer, this return is based upon all information of which I have any knowledge, under penalties provided by the "Return Preparer Act of 1969."

This return is for the tax period from _____ to _____

Sign _____ Date _____

Here _____ Date _____

Signature of preparer, including title if employee of the taxpayer. If person preparing return is not an employee of the taxpayer, state name of attorney, CPA or PA and signature of employee preparing return.