

**BUSINESS TAX ACT
LICENSE AND TAX REPORT**

AS REQUIRED BY SECTION 67-4-715
TENNESSEE CODE ANNOTATED

FOR USE BY
COUNTY and/ or CITY ONLY

This application along with proper remittance must be received by this office on or before the dates applicable to the classification in which the business is classified or within 20 days after commencement of business for a new business, or penalty and interest provided by Section 67-4-720, Tennessee Code Annotated will apply.

Tax Period _____ to _____

MAIL RETURNS AND REMITTANCES TO
City of Fairview
Attn: Business License
P. O. Box 69
Fairview, TN 37062

Date Received
Business Tax Receipt number (s)
Classification Number Indicate Retail, Wholesale or Both
Amount Received Minimum Tax
Business Tax (Excluding Penalty, Interest, Credits and Less)
Penalty and Interest

BUSINESS CLOSING

A FINAL REPORT MUST BE FILED WITHIN 15 DAYS OF YOUR LAST DAY OF BUSINESS IN ORDER TO AVOID PENALTY & INTEREST.

THIS RETURN WILL NOT BE ACCEPTED UNLESS SIGNED ON REVERSE SIDE.

A. Firm Name	Owner
Address	Account No.
City, State, Zip	Federal Employer ID
Location	Business Class

NOTE: PENALTY AND INTEREST WILL ACCRUE 60 DAYS AFTER

B. Type of Business - Dominant Activity (primary product, vocation or occupation)

If this is a final report, state date business ceased to operate. _____
Mo. Date Year

1. Total Gross Sales for Tax Period (Less Sales Tax).....	\$ _____	
2. Less: Deductions for Business Tax Purposes from Line 12, Schedule A.....	\$ _____	
3. Taxable Gross Sales for Tax Period (Line 1 less Line 2).....	\$ _____	
a. Retail Sales _____ % of Taxable Gross Sales.....	\$ _____	
b. Wholesale Sales _____ % of Taxable Gross Sales.....	\$ _____	
4. Retail Rate of Tax (if applicable) (Line 3a Multiplied by Rate).....	\$ _____	
5. Wholesale Rate of Tax (if applicable, must be 20% or more of Total Gross) (Line 3b Multiplied by Rate).....	\$ _____	
6. a. Preliminary Gross Business Tax Due (Line 4 plus Line 5).....	\$ _____	
b. LESS: Minimum License Fee Previously Paid (Former License # _____) Limited to amount on line 6a.....	\$ _____	
c. Business Tax Base Prior to Local/State Calculations - Line 6a less Line 6b (do not enter less than zero).....	\$ _____	
7. a. Local 66.67% of Line 6c.....	\$ _____	LOCAL
b. State Line 6c less Line 7a.....	\$ _____	STATE
Allowable Credits:		
8. Loss: Personal Property Tax (Limited to Local Tax Amount - Line 7a) Personal Property Tax Date paid _____ Receipt # _____	\$ _____	
9. a. Tax - Local - Line 7a Less Line 8 (do not enter less than zero); State - enter Line 7b.....	\$ _____	\$ _____
b. Calculate 15% State Share of Local Tax Line 9a (Local) times 15%= 9b.....		
c. Local & State Tax Liability: Local - Line 9a (Local) Less Line 9b: State - Line 9a (State) plus Line 9b.....	\$ _____	\$ _____
Important: If this return is filed with the proper collecting agencies prior to the delinquency date shown above for the appropriate business class, skip to line 12 below. If filed late, proceed to Lines 9d thru Line 11 to calculate the proper penalty and interest to report.		
d. Calculate percentage used to allocate penalty and interest. Divide Line 9c (Local) by the Sum of amounts (Local & State) Line 9c and enter as a percentage using the format xx.xx%. Repeat calculation dividing Line 9c (State) by the Sum of amounts (Local & State) Line 9c.....	_____ %	_____ %
10. Penalty (Rate=5% for each 30 day period or portion thereof for which tax is delinquent (total not to exceed 25%) Calculate total penalty - apply rate to sum of amounts (Local & State) Line 9c and enter results here. (See instructions) (Minimum penalty = \$15.00).....Penalty \$ _____		
a. Local - Multiply Penalty amount by percentage of Line 9d (Local).....	\$ _____	
b. State - Multiply Penalty amount by percentage on Line 9d (State).....	\$ _____	
11. Interest (Rate _____ % times # of days delinquent divided by 365.25 times Line 9c.	\$ _____	\$ _____
(Computed daily from date delinquent until paid)		
12. Total Add lines 9c, 10a, 10b, and 11 (if applicable) from BOTH Local & State Columns.....	\$ _____	\$ _____
13. Collecting and Recording Fees (\$5.00 per location for consolidated return).....	\$ _____	
14. Minimum Tax Fee For Next Period Note: Minimum tax is due regardless of amount of credits claimed on Line 8 (\$15.00 per location for consolidated return).....	\$ _____	
15. Penalty Add 5% of Line 14 for each 30 day period or portion thereof for which tax is delinquent - Not to exceed 25%.....	\$ _____	
16. Interest (Rate _____ % times # of days delinquent divided by 365.25 times Line 14).....	\$ _____	
17. Total Minimum Tax and Business Tax Sum of Amounts in Lines 12, 13, 14, 15, & 16 from Local & State Columns	\$ _____	

MAKE CHECK OR MONEY ORDER IN AMOUNT OF LINE 17 PAYABLE TO

C. Sales Tax Reports

- 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 prices is refunded either in cash or by credit. Line E, 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 J, 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 subcontracted to others for additions or improvements to real property.
Attach list of subcontractors 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. Liquefied 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 office provided only, however, that such businesses are taxable under the same classification and at the same rate. Consolidated returns must cover all such 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, for 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 than 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 _____ By _____ 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.