TENNESSEE DEPARTMENT OF REVENUE
FRANCHISE AND EXCISE TAX
FEDERAL INCOME REVISION FORM

Taxpayer Name _____

FEIN _____ Account Number _____

Taxable Period Ending _____

	As last reported	Net change Increase (Decrease)	As amended
1. Federal income or loss per Schedule J, Line 1			
ADDITIONS			
2. Tennessee excise tax expense (to the extent reported for federal purposes)			
3. Contribution carryover from prior period(s)			
4. Capital gains offset by capital loss carryover or carryback			
5. Any depreciation permitted as a deduction in computing federal taxable income solely as a result of the provision of the federal JCWA Act of 2002, and any expense/depreciation deducted as a result of "safe harbor" lease elections			
6. Other*_____			
7. Total additions - Add Lines 2 through 6			
DEDUCTIONS			
8. Dividends received from subsidiaries, at least 80% owned			
9. Dividends received from corporations, at least 80% owned (Per PC 406 signed into law 6/17/99)			
10. Current year contributions in excess of amount allowed by the federal government			
11. Portion of current year's capital loss not included in federal taxable income			
12. Any income included for federal tax purposes and any depreciation or other expense that could have been deducted for "safe harbor" lease elections			
13. Depreciation under the provisions of IRC Section 168 prior to the computation of depreciation under the federal JCWA Act of 2002, and any excess gain or loss from the resulting basis adjustment			
14. Other*_____			
15. Total deductions - Add Lines 8 through 14			
COMPUTATION OF TAXABLE INCOME			
16. Total business income (loss) - Add Lines 1 and 7, less Line 15 (If loss, complete Schedule K on Page 2)			
17. Apportionment ratio (Schedule N, O, P, R, S, or SE, if applicable, or 100%)	%	%	%
18. Apportioned business income (loss) (Line 16 multiplied by Line 17)			
19. Add: Non-business earnings directly allocated to TN (From Schedule M, Line 9)			
20. Deduct: Loss carryover from prior years			
21. Income subject to excise tax (Add Lines 18 and Line 19, less Line 20)			
22. Excise tax due (Line 21 X 6%, or 6.5% for returns ending on or after 7/15/02)			
23. Less: Excise tax paid			
24. Less: Tax credits			
25. Additional excise tax due (overpaid) per federal income revisions (Line 22 less Lines 23 and 24)			

*Explanation for an entry on this line must be shown on form or attached documentation

I, the undersigned, declare under the penalty of perjury, that I have examined this form, including all accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Taxpayer's signature_____ **Date**_____ **Title**_____

Tax preparer's signature_____ **Date**_____ **Telephone**_____

Tax preparer's address_____ **City**_____ **State**____ **Zip**_____

Power of Attorney   YES_____
Check Yes if this taxpayer's signature certifies that this preparer has the authority to execute this form on behalf of the taxpayer and is authorized to receive and inspect confidential tax information and to perform any and all acts relating to respective tax matters.

Taxpayer Name_____

FEIN_____Account Number_____

Taxable Period Ending_____

SCHEDULE K – DETERMINATION OF LOSS CARRYOVER AVAILABLE			
	As last reported	**Net change Increase (Decrease)**	**As amended**
1. Net Loss from Schedule J, Line 18			
ADD:			
2. Dividends and non-business earnings deducted on Schedule J			
3. Amounts reported on Schedule J-1, Lines 5 and 6, and Schedule J-2, Line 8			
4. Reduced loss – Add Lines 1 through 3 (If net amount is positive enter "0")			
5. Excise tax ratio (Schedule N, O, P, R, S or SE, if applicable, or 100%	%	%	%
6. Current year loss carryover available (Line 4 multiplied by Line 5)			